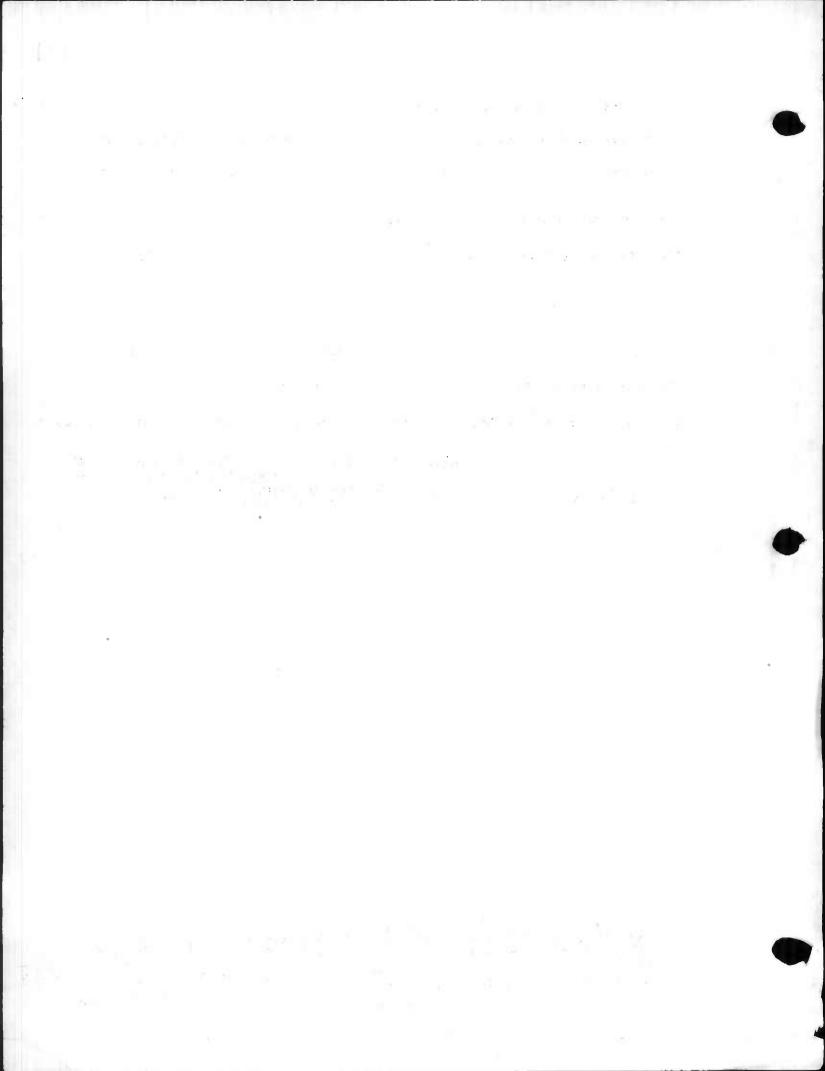
				State of I	Maryland / De	partment of F ertificate of			giene 9 Reg. No.	6 39001
	Physic /Medi		1. Decedent's Name (First, Middle, La Constantine	Christos				2. Dete of Des Month 12	Day 6	Year 10 = 15 N
)	Exami	ner	4a. Facility Name (If not institution, git			5	4b. City, Town, or L		4c. County	of Deeth
	Funeral Director				Age (In yrs. last birthdi 84 Yrs	Months Days	Rockvil if Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Sep. 9,		9. Birthplace (State or Foreign Country) New York
Н	ס		Usual Rasidenca of Decedant					<b>Бер.</b> 7,	1912	New TOTK
	show	_	10a. State 10b. County		10c. City, Town or					10d. inside City Limits
	the M	Director	Maryland Montgo	mery	Rockvi					1 ☐ Yes 2 ☒ No
	with with		10401 Grosvenor	D1000 #2	1 /.	10f. Zip Code 208.5	= 1		10g. Citizen of \	
	death	Funeral	11. Marital Status	12. Was Deceder		3. Was Decedent of F if Yes, specify Cub		pecify Yes or No-	USA 14. Rac	a - American indian,
Maryland 21215-0020	in 72 hours after death with the Maryland "natural, or items 23a or 28a-f show addest Examiner must be notified at	by	1 Never Married 2 Married 3 StWidowed 4 Divorcad	Armed Force: 1 ☐ Yes 2 E if Yes, Give Year or Dates	9 No	1 ☐ Yes 2 ☑ No	an, Mexicen, Puerto Specify:	Hican, etc.)	Specify	ck, White, etc.  White
5-0		eted	15. Decedent's E (Specify only highest gra		16a. De	cadent's Usual Occup iva kind of work done	pation during most of word	kina	16b. Kind of Bi	usiness/Industry
121	with she	Completed	Elementary/Secondary (0-12)	Coilege (1-4o	life	a. DO NOT use ratire	0)	9	m	
9	Hyginther ant,	e Co	10 17. Father's Name (First, Middle, Last	)		Drive	18. Mother's Nam	na (First, Middle,	Ta: Malden Surnam	
rlan	0 = 0 ·	To Be	Christos C. Dema	tatis			Eleni Ko			
lary	iges 1 and 2 should it of Haalth and Mer If Itam 27 Is marks or other traumatic		19a. informant's Nama/Ralationship (	Type, Print)	19b. Ma	ailing Address (Streat	and Number or Ru	ral Route Numbe	r, City or Town,	State, Zip Coda)
	1 and Haalth am 27		Dewey Allen Dema	tatis/ So			reek Lane			g, Maryland2090
altimore,	permit. Peges 1 an Department of Haal Important: If Itam 2 any Injury or other once.		20a. Method of Disposition  1   Burial 2 □ Cremation 3 □  4 □ Donation 5 □ Othar (Specif		e cametery, c	sposition (Name of rematory or other plant dependence)	1			City or Town, Stete
Balt	permit. Departr Importr any inj		21. Signature of Fundral Service Licer	14001	and	22. Name and Addra	ss of FacilityHin Hampshir	es-Rinal e Avenue	di Fune	
	15.30		234 Part Effor the disease, or com- noch, or heart failure. List only	plications that caus one cause on each	ed the death. Do not line.	Silver Spi enter the mode of dyir	ng, such as cardiac	or respiratory arr	20904 rest,	Approximate interval Between
	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting in death)	a. CHRON	Due to (or as a cons		LUNG	DISEASE	-	20 years
	uted	Examiner	Convention to the state of this con-	b	Dua to (or as a cons	, of the				
68760,	ficate be executed physician and as the bural-transit	al Ex	Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Causa (Disease or injury that initiated avants	c						
Box 68		n/Medical	resulting in death) Last	d	Dua to (or as a cons	equenca of):				
m .	death e atta ed for	sicia	Part ii. Other significent conditions c	ontributing to death	but not resulting in the	underlying cause giv	en in Part i	23b. Did to	nhacco use co	ntribute to the cause of death?
, P.O.	es that the death cen igned by the attandin be datached for usa	by Physician/M	PNEUMON			, and any mg datase giv	on an early.	157		3 □ Probably 4 □ Unknown
Division of Vital Records,	aw requires to seen so 2 should	Completed b						24a. Was a perform	n autopsy med?	24b. Ware autopsy findings evallable prior to completion of cause of death?
2	ysician: The I s certificeta ha director, page	Соп						1 🗆 Y	as 20No	1 ☐ Yes 2 ☐ No
Zi Si	ilclan: Th certificeta rector, pag	Be	25. Was case referred to medical examiner?	Hoonitai:			26. Place of Deat	h (Check only on	10)	
ō		- To	1 ☐ Yes 22 No 27. Mannar of Death	Hospitai: 1 ☐ inpat			4 U Nursing Ho	ome 5 Reside		
on	th. : Aftar e funer	tion	1 Natural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, D	ay Year) injury	Wor	k? Yes 2□No	28d. Describe ho	ow injury occurr	ad
Divisi	il or Attending Ph after death. Director: After th d in by the funeral	Certification:	3 Suicide 6 Could not be datermined	e 28e. Placa of in	njury - At home, farm, stc. (Specify)			28f. Location (St City or Town	treat and Numb n, State)	er or Rural Route Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical C	29a. Certifiar (Check only one) 1 Certifying Ph	ysician: To the besi niner: On the basis and manner s	t of my knowledge, da of examination and/or statad.	ath occurred at the tin investigation, in my o	ne, date and placa, plnion, death occur	and dua to the cared at the time, do	ause(s) and ma ate and placa, s	nnar as stated. and due to tha causa(s)
	To th To th comp	Z	29b. Signature end title of cartifier	011	1. 11	29c. Licens	e number	2	9d. Dete signed	d (Month, Dey, Year)
			> Mumm	_ YUV	N W.	) D:	3858	9	12-8	-96
	12		30. Name and address of person who of	complated causa of	death (Item 23a) (Typ	e, Print)	15	279 91		Nove Rd # 207
	Sta Registr	_	31. Date filed (Month, Day, Year) DEC 1 3 199	6 32 Megist	traris Signature Davidson—Rar	dell			ROC	MULLE



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39002

4 11.55						Ce	rtificat	e of	Death			Reg. No.		
Obs	alala.		1. Decedent's Name (First, Middle, La								2. Date of De Month	eath	Voor	3. Time of Death
	sicia: edica	-	Peter Stanle	y Domel	k						Decemb	er 10,	1996	10:08 PM
	mine		4a. Facility Name (If not institution, give								ocation of Deel	105	nty of Death	
With the			Mediplex of Mon	×					Gaith		-		gomer	
Fune Direct				Sex 7. /	Age (In yrs. la 83	st birthdey, Yrs.	If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Bi (Month, Di July 2	3, 1913	9. Birth	place (Stete or Foreign ntry) ecticut
gu #		-	Usual Residence of Decedent  10a. State 10b. County		10c, City.	Town or L	ocation							10d. Inside City Limits
the Marylar 28a-f show notified at		0	Maryland Montgor	Merv		thers								1 X Yes 2 No
the Mr.		9	10e. Street and Number	nor y	uu i	UIICT 5	10f. Zip	Code			1	10g. Citizen o	of What Cou	ntry?
death with the Maryland ms 23a or 28a-f show mant be notified at	2	runeral Director	9311 Edgewood Cou	ırt				877					d Sta	
ar death w litems 23s		Lec's	11. Marital Status	12. Was Deceder	nt Ever In U,S	13.			Hispanic Or	Igin? (Sp	ecify Yes or No Rican, etc.)	o- 14. R	ace - Americ	can Indian,
	1	2	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Force: 1 Yes 2 If Yes, Give Yeer or Dates	XNo		1 ☐ Yes 2				Hican, etc.)	Spec	lack, White, cify: Wh	ite
d 2 should be filed within 72 hours at the and Mental Hygiene.  The marked other than "natural", or fraumatic event, the Medical Exam	Complete	200	15. Decedent's Ed (Specify only highest gre	ducation ede completed)		16a. Dece	dent's Usue	l Occu	pation during mos	t of work	ina	16b. Kind of	Business/In	dustry
Man.	June	2	Elementery/Secondary (0-12)	College (1-4o	or 5+)	_	and d		during mos			our bu	sinos	
I Hygis other vent, th	8	3	17. Father's Name (First, Middle, Last,	1		1001	and d	16 1	-	arla Alami	/Fine Middle	OWN bu		5
od be letter	a	Ď	Michael Domek	,									emej	
d 2 should b th and Mants 7 is marked traumatic a	F		19a. Informant's Neme/Relationship (	Tyne Print)		10h Maili	na Address	/Stmo			Kalus	ZIIY er, City or Tow	m Ctota 7is	Codel
100 2 mg 27 de 27			Maryann P. Ansley									Maryland		
of Hisalih Itam 27 r other tr		1	20a. Method of Disposition			ce of Dispo	sition (Nem	ne of			Date	20c. Location		
0 = 5			1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donatlon 5 ☐ Other (Specif		le .		e Crema			1	2-11-96	Beltsvi	lle Ma	anvland
permit. Page Department or Important: If any Injury or	20	t	21. Signature of Funeral Service Licer							- 1	es, P.		110, 11	ar y rana
9018	SUCE	1	) (anal a	Dol		Ka	app Fu	iner	al Se	rvic	es, P.	٨.	Man 7	- 1 00010
1		1	23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that cous	ed the death.	Do not en	er the mode	of dy	ng, such as	cerdlac	or respiratory a	rrest,	Mary	and 20910 Approximate
Physicia	an		Shock, of healt failure. List only	one cause on each	line.								į	Intervel Between Onset and Death
/Medic	_		Immediate Ceuse (Final disease or condition	Pneumo	nia									2 weeks
Examin			resulting in death)	ө		es e consec	quence of):	-					}	L WCCK3
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ertificate be axecuted ling physician and se as the bunal-transit	Fxaminer		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0.	Due to (or	as a consec	quence of):							
ficate be ay physician as the buna	1/2		Cause (Disease or injury	C										
phys the	Medical	2	that initiated events resulting in death) Last		Due to (or a	as a conseq	uence of):							
antif ding				d									i	
The law requires that tha death certificate bate has been signed by the attending physic page 2 should be detached for use as the b	Physician	3						-			1			
tha d y the	S > C	. '	Part II. Other significent conditions of	ontributing to death	but not result	ing in the u	nderlying ce	ouse gi	ven in Part I	•				o the cause of death?
es that igned b	by P		Diabetes								1	Yes 2□ No	3 □ Pro	bably 4 Unknow
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he law require e has been si age 2 should t	Completed	-									perio	ormed?	CO	ellable prior to impletion of cause death?
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2 00	To		examiner? 1 ☐ Yes 2 ☐ No	Hospital:	tient 2 E	R/Outpatier	t 3□ DO.	A Otl				denca 6 🗆 C	ther (Specif	(v)
			27. Manner of Death 1 Naturel 5 ☐ Pending	28a. Date of In (Month, D	jury 2 Dev Year) 2	8b. Time of	28	Bc. Inju Wo			The second second second second	how Injury occ		
l or Attending after death. Director: After	Satio		2 Accident investigation				М		Yes 2	No				
or Att after de Direct in by	Certification:		3 Suicide 6 Could not be determined	286. Pieca of it	njury - At hometc. (Specify)	e, farm, str	eet, fectory,	office			28f. Location ( City or To		nber or Rurs	ai Route Number,
ital o	O													
To the Hospital or Attendil within 24 hours after death. To the Funeral Director: A complately filled in by the fo	edical	1	29a. Certifier (Check only one)  1 ☐ Certifying Phyone 2 ☐ Medical Exam	ysician: To the besi	or examinatio	edge, deeth n and/or Inv	occurred a restigetion,	t the ti	me, date an	d place, a	and due to the ed at the time,	cause(s) and r	manner es s	tated. the cause(s)
within 70 the To the comple	Me		29b. Signature and title of certifier	and manner s	stated.				se number			29d. Date sign		
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1			gr		death to	10-1 (7		415	/			Decemb	er II,	, 1996
10		3	on. Name and address of person who of Ira Berger, M.D.	completed ceuse of 809 Veir					20ckyi	110	Manul	and 20	851	
	State	3	31. Date filed (Month, Dey, Year)		trar's Signatu		u π101	., Г	OCKVI	iie,	mar y l	2110 20	031	
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tate of Maryland / Department of Health and Mental Hygiene	96	3900
Certificate of Death		

					Cer	tificate of	Death		Reg. No.	0 0	2000
Physicia /Medic		Decedent's Neme (First, Middle, L     RUTH	R.	ENG	DAHL			2. Dete of I Month DEC •	Dey	Yeer	3. Time of Death  11:00 AM
Examin		4e. Facility Name (If not Institution, git NATIONAL LU					4b. City, Town	, or Location of De			RY CO.
Funeral Director			Sex 7. A	ge (In yrs. I	last birthday) Yrs.	If Under 1 Yee Months Deys	If Under 24	Hrs. 8. Dete of E			ce (Stete or Foreign
P.		Usual Residence of Decedent		1							
ith the Merylan or 28a-f show	ctor	MD . 10b. County MONT	GOMERY	-	BETHE					10d	I. Inside City Limits
th with th	al Director	10e. Street end Number 5301- WESTB	ARD CIRC	LE		10f. Zip Code 208	16		10g. Citizen of	What Country	7
5-0020 72 hours after death with the Meryland natural; or thems 23s or 28s-f show alsa! Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married  3 M Widowed 4 Divorced	12. Was Decedent Armed Forces  1  Yes 2 II Yes, Give Yeer or Dates:	t Ever in U,; ? No	S. 13. V	Ves Decedent of i Yes, specify Cui I ☐ Yes 2 No		? (Specify Yes or I Puerto Rican, etc.)		ce - American ck, White, etc y: WHIT	2.
15-003	eted	15. Decedent's E (Specify only highest gr	ducation rade completed)		16e. Deced	lent's Usuel Occu kind of work done OO NOT use retin	pation during most o	f working	16b. Kind of B	usiness/Indus	stry
within within then	Completed	Elementary/Secondery (0-12)	College (1-4or	5+)		USIC T			EDI	JCATIO	N
aryland 2 should be filed and Mental Hygic marked other imatic avant, II	To Be Co	17. Father's Name (First, Middle, Las O.T. RISHOF					18. Mother's	Name (First, Midd ARA IVE	le, Meiden Surnar		
ges 1 and 2 should be filed within to the the marked other than and whentel thygiene. If them 27 is marked other than or other traumatic avant, the Market than the market that the market than the market than the market than the market tha	ř	19a. Informant's Name/Reletionship MRS.MARY CUMI						RD., B			
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours att Department of Health and Mohrlal Hyginerment of Health and Mohrlal Hyginer or other traumatic avant, the Medical Energones.		20a. Method of Disposition  1 Burial 2 Cremetion 3 [ 4 Donetion 5 Other (Speci		CE	lece of Dispos	sition (Neme of	ace)	Dete RY-12/1	20c. Locetion	- City or Town	n, Stete
Physician /Medical Examiner		23a. Part1. Enter the disease, conshock, or heert leilure. List only Immediate Cause (Finel disease or condition resulting in death)	one dause on each I	cute	Tub	1300-1 er the mode of dy	N STRE	INC.FUN ET, NW, rdlec or respiretory		OC A	pproximate interval Between most and Deeth
rifficate being physicia	an/Medicai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	a Arter	Due to (or Due to (or Due to (or	as a consequence of the conseque	uence of):  Heav  uence of):  Li Cer	A Fa	Vuos ul		eas e.	20 years
O. B. se deet the attraction of form	Physician/	Part II. Other significant conditions	contributing to death t	out not resu	ilting in the un	nderlying cause g	iven in Pert i.	23b. Di	d tobacco use co	entribute to th	ne cause of death?
15, P.O. BO) res that the deeth ce rigned by the attend be deteched for us.	by Phy	Alzheime	rs Dem	cnt	ia, 1	Atrial	Fibri	lylus 11	Y•• 2 000	3 Probei	bly 4 Unknown
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f Vital Rysician: The list certificate hu								10	Yes 22No	1 D Y	res 2 No
Vital I	Be	25. Was case referred to medical examiner?	Mosnital:					Death (Check on)	y one)		
Of Ohysis all dir	ှ	1 Yes 2 No 27. Menner of Death	Hospital:		ER/Outpetien	I SLI DUA		Ing Home 5 □ Re			
Division of Vita or Attending Physician: a sher death of Director: After this certification to the funeral director, in by the funeral director,	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	De Dines et la		28b. Time of Injury	M 1 [	Yes 2□No		e how Injury occur		Route Number.
25.20		4 Homicide determined	building, e	of my know	vledge, deeth	occurred et the t	ime, dete and ;	City or 1	own, State) e cause(s) end m	enner es state	ed.
2525	edicai	(Check only 2 Medical Example)	miner: On the basis of and menner st	d examinati	ion and/or Inv	estigetion, in my	opinion, deeth	occurred at the time	e, date and plece,	and due to th	e cause(s)
	Σ	29b. Signeture end title of perfiller	/			29c. Licen	se number		29d. Date signe	ed (Month, Da	y, Year)

29b. Signeture end title of

29c. License number

29d. Date signed (Month, Day, Year)

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) DR.C. SCHEMM-CHURCH STREET, DAMASCUS, MD.

DEC 12 1996

31. Dete filed (Month, Dey, Year)

State Registrar

33 Registrar's Signeture

CELTER HELDER LINE

State of Maryland / Department of Health and Mental Hygiene

39004

Item: 23 part I, per MEO G-746 4/1/97 reb Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month Dey 10, 1996 2229p **Physician** DEWEY /Medical 4a. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** DOCTORS COMMUNITY HOSPITAL PRINCE GEORGES LANHAM if Under 24 Hrs. Hours Min. If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) , Funeral 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Days Months **½**M 2□ F Director 225 56 8502 Aug. 22 1943 | North Carolina Usual Residence of Decedent Show 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Examiner must be notified at Director 1√Xes 2□No Maryland | Prince George's Greenbelt 28a-f 10e. Streat end Number 10f. Zlp Code 10g. Citizen of What Country? ò 23a 7842 Jacobs Drive death Funeral 20770 United States flams 2 12. Wes Decedent Ever in U,S. Armed Forces?
↑ The Second Property of the Second Property o Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 natural, or 1 ☐ Yes 2 ☐ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorcad White 60 - 63antal Hygiena. ed other than "natura c event, the Medical E Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Construction Business Baltimore, Maryland 17. Father's Nama (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be permit. Pages 1 end 2 should be f Department of Health and Mental I Important: If item 27 is marked ot any Injury or other traumetic even Dewey Frank East, Sr. 2 Bonnie Elizabeth Barber 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Deborah East 7842 Jacobs Drive Greenbelt Md. 20770 20b. Place of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, State cemetary, cremetory or othar place) ¥⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Maryland Veterans Cemetery 12/16/96 Cheltenham Md. 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A. over Jane 16000 Annapolis Rd. Bowie Md. 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. Approximete interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical pression Examiner Due to (on as a consequence of by Physician/Medical Examiner AND LARYNGEAL EDEMA buriel-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury Box 68760. Physician: The law requires that tha death certificate be that initiated events resulting in death) Last the Due to (or as e consequence of) use as for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the detached 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 8 Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy peed completion of cause of deeth? has Yes Yes 2 No 2 No director, Be 25. Was case referred to medical 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Appatient 2 ER/Outpatient 3 DOA 10 1 XYes 2 No this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? After Attending 5 Pending Investigation 1 Natural Injury 12-10-96 2125 death. 1 Yes 2 No Postoperative complication ector: / Accident 6 Couid not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) or A efter Dire 4 Homicida Docnes Community To the Hospital within 24 hours e To the Funeral D HOSPITAL (tusp. Medical 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, daath occurred at tha time, date and place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. December 11, 1996 daath (Item 23a) (Type, Print) he and address of p ILA wete, 111 Penn Street, Baltimore, Maryland 21201 NO 31. Date filed (Month, Day, Yeer) State

DHMH 16 Rav 6/95

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION	ENDING
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		1. DECEDENT'S NAME (First		Ene	LMA	`					MONTH			YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	DHEY	5. SEX		s. lest birthday)						ember.	10 1	996	8. 10A
Pin		058-10-8049		1 W M 2 🗆 F	82		IF UNDER	DAYS	HOURS	MIN.	AUG.	Dev. Year)	914	NEW	PLACE (State or Foreign YORK
2. 3 should	DIRECTOR	9a. FACILITY NAME (If not in HEBREW HOM RESIDENCE OF DEC	E OF C		ASHING	TON			VILLE		EATH		MON'	TGOM	
ges 1.	EC	10a. STATE	10b. COUNT	γ		10c. CF	TY, TOWN C	R LOC	ATION					П	10d. INSIDE CITY
rmit. Pa		MARYLAND	MONT	GOMERY	<del>.</del>	SII	VER	-							1 YES 2 NO
ansit pe	FUNERAL		RISFIE	ELD ROAD					209	_					STATES
as the burial-transit permit. Pages 1, 2.	ВУ	11. MARITAL STATUS  1 Never Married 2 XX  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	VEC 2	NO.		f yes, s	ECENDENT OF CUBES 2 NO	en, Mexico	an, Puerto P	? (Specify Yes licen, etc.)	or No-	Black	- American Indian, , White, stc.
	8	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a	. DECEDENT'S	USUAL O	CUPAT	ION	ina	16b.	KIND OF BUS	INESS/IND	USTRY	
hed for u	COMPLET	Elementary/Secondary (I		College (1-4 or 5 5+	+)	ATTOP	rse retired.)	roung n	iosi or work	ng	U.	s. GOV	ERNM	ENT	
5 should be detached for use notified at once.	ш	17. FATHER'S NAME (First, M ABRAHAM		IAN							AME (First, A LANDA	liddle, Maiden . U	Sumame)		
page 5 should be notified	TO B	19a. INFORMANT'S NAME (1 ANN EDE		(WIFE)		19b. MAILING 12919	CRIS	(Street FIE	and Numbe	or Rural	Aoute Numb	or, City or Town VER SE	RING	Code) MA	RYLAND 209
rector, page	8 6	20a. METHOD OF DISPOSIT  1 X Burial 2 Crematic  4 Donation 6 Other	on 3 🗆 Rem (Specify)			CEAND DATE				NS	12/1		NEY,		
d in by the funeral director, por removal.  medical examiner must		21. SIGNATURE DE FURENA	L SEPPICE VI	CENSEE //	alla										ELS, INC. MD. 20852
ed in by the f or removal. medical ex		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir	eart fellure.	complications the List only one ceu	t caused the	death. Do ilne.	not enter	the m	ode of dy	ing, euc	ch aa card	lec or reapli	ratory arre	eat,	Approximate interval Between Onset and Dest
completely filled in ial, cremation, or re cevent, the med		disease or condition resulting in death)	<b>→</b>	6	OR AS A COP										DAYS
atic eve	2		_		SMEN7		и-):								YEARS
ician and rior to bur traumati	ATIO	Sequentially list condit if any, leading to imme cause. Enter UNDERLY!	diate	D	(OR AS A CON		F):								
by the attending physician and c and Mental Hygiene prior to buria iy Injury, or other traumatic	CERTIFICATION	CAUSE (Disease or Inju that initisted events resulting in death) LAS		o. DUE TO	(OR AS A CON	NSEOUENCE O	F):								
ed by the att th and Menta any Injury,		PART II. Other aignifica	nt condition	a contributing to	deeth but n	ot resulting	in the un	derlyir	ng ceuse	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
R = 8	EDICAL			HGAR-T					_		_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 of 2	N.	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF D	EATH Y	ES 🗆 N	10 [	JUNG	ERTAI	N 🗆				1 TES 2 NO
State Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. P	LACE OF DEA	TN (Check o		)						
the S	PHYS	1 YES 2 NO		1 Inpatient 2 I		t 3 DOA	4 Mun	ing Hor		sidence	6 Other				
with	BY Pi	1 Netural 5 _	Pending Investigation	(Month, D	ley, Year)	IN.	JURY M	1	URY AT ORK? YES 2	NO		CRIBE NOW IN			
RECTOR: Just after of m 28 ls	ETED	4 Nomicide	Could not be datermined	building,	F INJURY — A atc. (Specify)	I nome, jarm,	straet, facto	ery, offi	ce		28f. LOCA City o	TION (Street a. r Yown, State)	nd Number (	or Aurel Ad	oute Number,
NERAL DII hin 72 hou NT: If Ite	COMPL			CIAN: To the best of ER: On the basis of a											and manner as stated.
TO THE FUNERAL DIRECTOR: After to the filed within 72 hours after death IMPORTANT. If Item 28 is man	BE	29b. SIGNATURE AND TITLE		an MD						ENSE NUI					(Month, Day, Year) SBL 10 1996
-0=	2	30. NAME AND ADDRESS OF	PERSON WN											-0.(6	
7		1.7ALWAL	, 612		nose f		Fock	in	lle	MO.	208	12			
0		DEC 1 1		Julia Da	M'S SIGNATUR										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

À.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

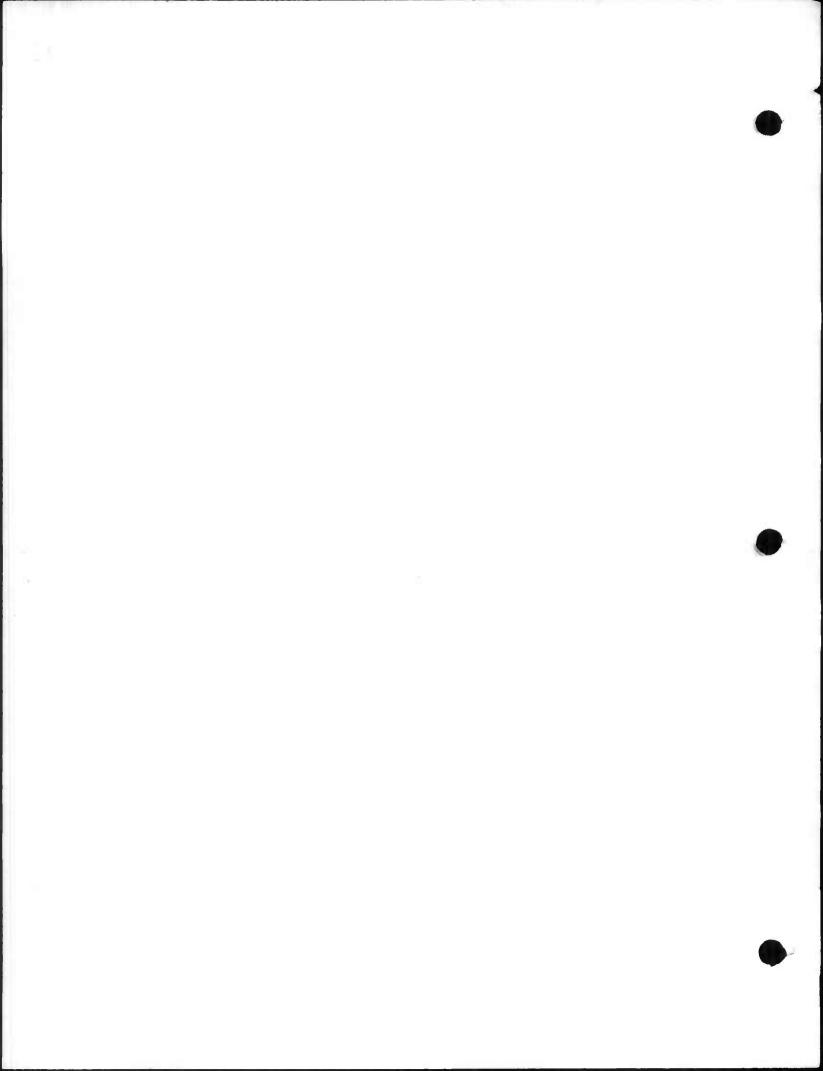
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

1 . STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	CALIE!	CAIL	UF	DEATH	RE	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last, Gladys E	Beatrice	East	-				2. DATE OF D	EATN DAY		YEAR 96	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last		AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			NEC	0			10:50 H m
	577-26-0390	1 M 2 K F	91		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	190	)5 F	Country	PLACE (State or Foreign y) sylvania
	Se. FACILITY NAME (If not institution, give	street end number)			9b. CITY, 1	TOWN O	R LOCATION OF D			9c. COUN		
Ę	Goodwill Mennoni						ille					LATIV
DIMECTOR	RESIDENCE OF DECEDENT				OLGI	ICDV	e			Garr	ect	
	10e. STATE 10b. COUN	TY		10c. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
	Virginia Fa	irfax		F.	airfa	ax					ı	1 X YES 2 NO
	10e. STREET AND NUMBER					101.	ZIP CODE		1	10g. CITIZ	EN OF W	HAT COUNTRY?
LONGUAL	9809 Doulton Cou	irt					22032			U	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT   FORCES? 1			13, W	AS DECI	ENDENT OF NISPAI	NIC ORIGIN? (Sp	ecify Yes or	No-	14. RACE	- American Indian, , White, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAY		0			2 X NO Specif		atc.)		Specif	
	15. DECEDENT'S ED (Specify only highest grad		(Gh	CEDENT'S U	rk done du	CUPATIO	N It of working	16b. KINE	OF BUSIN	ESS/INDU	JSTRY	
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)	We.	Do NOT use HO11:	retired.) sewij	fe.			Own	Home	e.	
5	17. FATNER'S NAME (First, Middle, Last)				0 - 11 2.5	1	18. MOTHER'S NA	MF (First Middle		_		
	Isaac Baker							Rhodes		ineme)		
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING A	ADDRESS (	Street er	nd Number or Rural			State 7in f	Code)	
2	Lee Cagey / Neph	new					Court, F					2032
	20e. METHOD OF DISPOSITION	_	20b. PLACEA	ND DATE OF	DISPOSIT	ION (Nar	me of		20c. LOCAT			
	1 ₭ Buriel 2 □ Cremetion 3 □ Rer 4 □ Donation 5 ☑ Other (Specify)	moval from State	Colesv					1				g, Maryland
1	21. SIGNATURE OF FUNERAL SERVICE L	ICHNISEE	/.		22. N/	AME AN	D ADDRESS OF FA	CLUTY Hine	es-Ri	nald	i Fi	uneral Home
	Han T	rent-7	400 lb	rest	// 11	800	New Ham r Spring	pshire	Aven	ue 209		
٦	21. PART 1. Enter the diseases, or	complications that	aused the dea	th. Do no	t enter ti	he mod	se of dying, suc	h aa cerdiac (	or reapirat			Approximata
	shock, or heart failure iMMEDIATE CAUSE (Finel	. List only one cause	on each line.			> 1						interval Between Onset and Death
	disease or condition	RESDI	nator.	4	+0	1:1	144.1					211
i	resulting in death)	DUE TO (O	R AS A CONSEC			,, ,						ay nows
.		Phan	nofia	/								10 alays
CENTIL ICALION	Sequentially list conditions, if any, leading to immediate		R AS A CONSEQ	UENCE OF):								1.00.13.
5	CAUSE (Disease or injury	C										
	that initiated events	DUE TO (O	R AS A CONSEQ	UENCE OF):								
	resulting in death) LAST	d										
	PART ii. Other significant condition	one contributing to de	eath but not re	sulting in	the unde	erivina	cause given in	Part i. 24a	WAS AN AU	TOPSV	24h	WERE AUTOPSY FINDINGS
	STROKE.					,	3.70.7.1.1		PERFORME	D?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1	YES 2	NO		OF DEATH?
	DID TOBACCO USE CONT	IPIRITE TO CALL	SE OF DEAT	L VEC	ПМ	O 174	UNCERTAIL					1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	T CAU		OF DEATN			UNCERIAII	<b>ч</b> П				
	EXAMINER?	HOSPITAL:		-	отнея:							
	27. MANNER OF DEATN	1 Inpatient 2 E	JURY	28b. TIME		g Nome 8c. INJU	5 Residence	8 L Other (Spe 28d, DESCRIBI		Im. 0001	1050	
	1 Natural 5 Pending	(Month, Day,	Year)	INJUI	RY	WOF		280. DESCHIBI	E NOW INJU	JRY OCCU	JAFD	
	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF I	NJURY — Al hon	no form str				200 1 0047101	(01 1 1			
	8 Could not be determined	building, etc	c. (Specify)		901, 120101	y, omca		28t, LOCATION City or Tow		Number o	r Hurai H	oute Number,
	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	v knowledge, dea	th occurred	at the time	e dete d	and place, and due	to the course(s)	and manna		4	
		ER: On the bests of exer										and manner as stated
	295. SIGNATURE AND TITLE OF CENTIFIE		11	1			29c. LICENSE NUM					
1	1:- 5	113 1	V 1	/ /	m		29C. LICENSE NUN	DUA 70	2	Od. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM				03	70 19			50	07 1996
	( dames	- (1)	E, +21	m	- 1	Chu	rants	:11. r	np	0	115	736
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		1 11		<u></u>	P11.130	1116 1	עווי		(1)	10
ŀ	DEC 1 3 1996	Lulia A	andres The	and on								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** Month Veer Novella Elizabeth Flannary December 9,1996 /Medical 5:37PM 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Memorial Hospital @ Easton Easton Talbot 7. Aga (In yrs. lest birthday) If Undar 1 Year If Undar 24 Hrs. 5. Social Sacurity Number 6 Say 6. Data of Birth (Month, Dey, Year) Birthpiaca (Stata or Foraign Country) **Funeral** 1□M 2√2 F Days Min Yrs Director 214-28-3085 64 Feb. 9, 1932 Maryland Usual Rasidenca of Dacadan death with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 ☒ No Director Talbot Maryland Bellevue- Royal Oak, Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 238 5630 Poplar Lane 21662 Funeral USA Hems 2 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. filed within 72 hours after 1 ☐ Yas 2 ZNO
If Yas, Give
Yeer or Datas: 1 Navar Married 2 Married ò 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: Black ₩idowed 4 Divorced naturaf Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Business/Industry Hygiene. Private Families & Elamantary/Secondary (0-12) College (1-4or 5+) 12th Domestic & Sales Clerk Dollar General Store traumatic event. Maryland 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) permit. Pages 1 and 2 should be filt.
Department of Health and Mental Hy
Important: If Nem 27 is marked oth
any Injury or other traumatic event Be 2 Isaac Ballard Mary Fields 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Myra Flannary 5630 Poplar Lane, Bellevue- Royal Oak, Md. 21662 Baltimore, 1 20a. Mathod of Disposition 20b. Plece of Disposition (Nema of cematary, crematory or other place) 20c. Location - City or Town, State 1 

Burial 2 □ Cramation 3 □ Ramoval from Stata
□ Donation 5 □ Othar (Spacify) Richardson Cemetery 12/14/96 Easton, Md. 21. Signeture of Funarai Sarvice Localism 22. Name end Address of Facility Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601 23a. Pert1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock or heart feilure. List only one cause on eech line. Approximata Interval Between Onset end Death **Physician** SYSTEMIC SCLEROSIS /Medical Immadlata Causa (Final diseese or condition rasulting in daath) Examiner Dua to (or as a consaquanca of):
VIC OBSTRUCTIVE PULMONARY DISEASE The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediata cause. Entar Underlying Cause (Disaasa or Injury that initiated avents resulting in daath) Last pos Division of Vital Records, P.O. Box 68760. ettending physicien for use as the burie Physician/Medicai Dua to (or as a consequence of): signed by the et d be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? STRICTURE 1 Yes 2 No 3 Probably 4 Unknown 250PHAGGAL þ 24b. Were autopsy findings aveileble prior to complation of causa of death? Completed 24a. Was an autopsy performed? certificate has 1 Yas 20 No 1 ☐ Yas 2 ☐ No Attending Physician: Be 25. Was casa raferred to medical axaminar? 28. Place of Daeth (Check only ona) is after death.

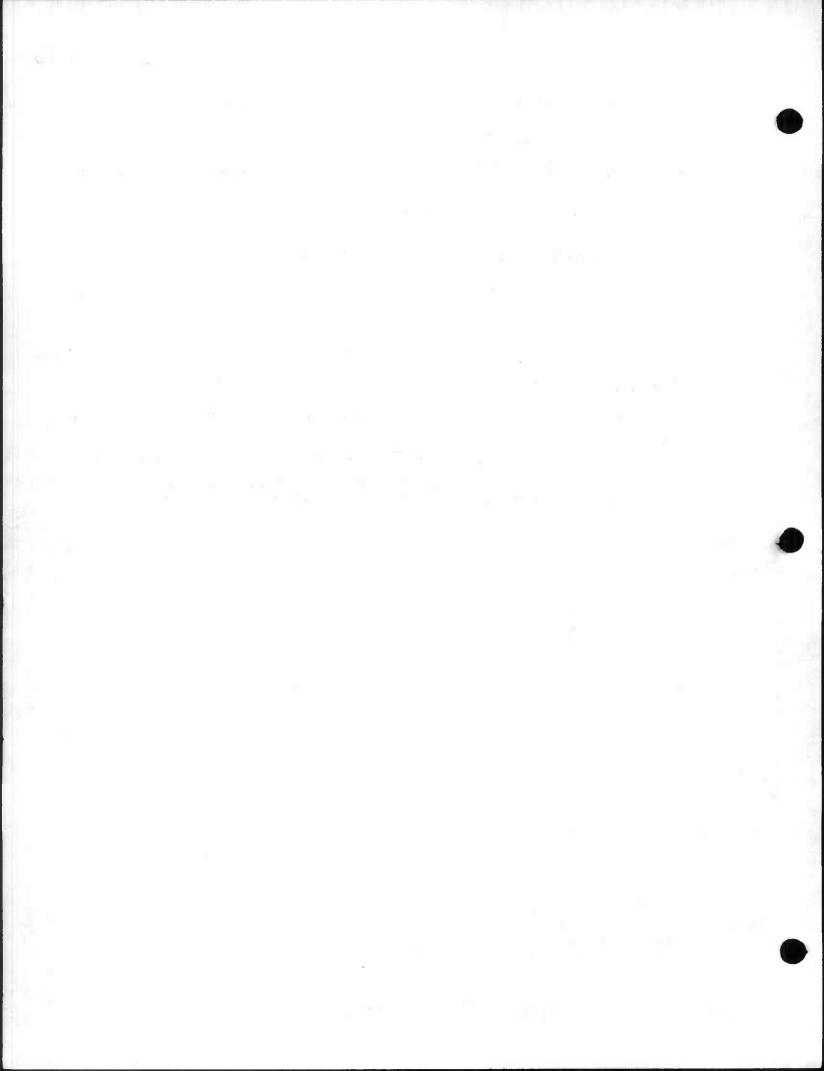
In Director: After this or Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Deeth 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? 1. Natural 5 Panding investigation 1 Yas 2 No 2 Accident within 24 hours after dea To the Funeral Director completely filled in by th 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida ò Hospital 1 Cortifying Physician: To the best of my knowledga, death occurred at the tima, date and place, and due to the cause(s) and mannar as steled.
2 Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and mannar stated. 29a. Cartifian Medical 25 29b. Signatura and title of certifian 29c. Licensa numbar 29d. Dete signed (Month, Day, Year) com 30. Name and addrass of person who complated cause of daeth (Itam 23a) (Type, Print) William S. Bremer, MD, 800 S. Talbot Street, St. Michaels, Maryland 21663 31. Dete filed (Month, Day, Yaar) 32. Registrar's Signatura State This Tavidson Pandall Registrar DEC 1 3 1996

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene Gertificate of Death

39008

_							UE	arimcate	ט וט	eam		Reg. No.		
	Physic /Medi		1. Decedent's Nen		ALFRED			FAULK	NEI	R	2. Deta of Month Dec.	Day	1996	3. Tima of Death 4:40 a
1	Exami		TO COLUMN TO A STATE OF		, giva street and nu Hospita					. City, Town, o Eastor	or Location of De		unty of Deeth	
	Funeral Director		5. Social Sacurity I	Numbar -4199	6. Sex 1X M 2□ F		n yrs. last birthday Yrs.	Months D	T .	If Under 24 H Hours Mi	s. 8. Data of (Month,	Birth Day, Year) 10,191	9. Birth	nplaca (Stata or Foreig untry) RYLAND
	fand m		Usual Rasidance of 10a. Stata	10b. County		10	c. City, Town or I	ocation						10d. Insida City Limits
	Na Many	Director	MD		DLINE		PRES							1 ☐ Yas 2 💢 No
	a or	Di	10e. Street and Nu					10f. Zip Co					of Whet Cou	untry?
	eath	Funeral	5550 B	BETHLER	HEM ROAD 12. Was Dec		rin U.S. 13		165		Specify Ves or		SA Race - Amer	Ican Indian
020	72 hours after death with the Maryland natural, or items 23a or 28a-f show deal Examiner must be notified at	b	1 Naver Man		Armed Fo	orcas? XIXNo ve		If Yas, specify  1 ☐ Yas 2 🂢			(Specify Yes or arto Rican, etc.)		Black, Whita	HITE
0700-61717	n 72 hours aff "netural", or	leted	(Spe	15. Decedant cify only highes	's Education t grada completad)		(Giv	edent's Usuai O a kind of work d	ona dui	on ring most of w	orking	16b. Kind o	of Businass/l	ndustry
	be filed within 72 ho ntal Hygiene. Id other then "netur event, in Mederal	Completed	Elamantary/Second 11	ondary (0-12)	Collaga (	1-4or 5+)		TERMAN	,			SEA	FOOD	INDUSTRY
	ould be filed Mental Hygi arked other atic event, I	To Be	17. Fethar's Nama JAMES						1		ama (First, Midd		nama)	
	2 should by end Menta is marked sumstic ev	F	19e. Informant's N				19b. Mai	ling Address (St	reet an		Rural Routa Nun		wn, Stata, Z	ip Code)
	127 F		FLORENC	E IREN	NE MILLE	MAN					, PRE			
	ges 1 e it of Hea if item or othe		20a. Method of Dis		3 Removal from	Ctota 2	Ob. Place of Disp cematary, cre	osition (Nama o	placa)	14	Date	20c. Locati	on - City or T	own, Stete
	ment of I		4 Donetion	5 Other (Sp	acify)		ST. JOH	NS CEM	ETE	ERY	12-13			
	permit. Page. Department of important: If is any injury or once.		21. Signeture of Funarai Servica Licensaa  22. Nama and Addrass of Facility  FELLOWS, HELFENBEIN & NEWNAM F  200 S. HARRISON ST., EASTON, M											NERAL HO
			23a. Part1. Entar t shock, or hea	tha diseesa, or o	complications that conly one cause on a	ausad tha	deeth. Do not ar	ntar tha mode of	dying,	such as cardi	ec or raspiratory	arrest,	M, MD	Approximata Interval Between
	Physiclan /Medical Examiner		Immediata Cause disaasa or condition resulting In deeth)	(Final	a	Pun	monia							Onset and Death
		ner				Dua	to (or as a conse	equenca of):	14	Culin	y Dra	4.44		
ŝ	n certificate be executed anding physician end use as the buriel-transit	Examiner	Saquantially list co if any, leading to in causa. Enter Unde Causa (Disaasa or that initiated avants	onditions, nmadiata erlying	b	Due	to (or as a conse	quance of):	- 1		9			
,	rificate by g physici es the bi	Physician/Medical	that initiated avants resulting in death)	Injury s Lest	c	Dua	to (or es e conse	quance of):						
	tendir r use	any			d						-			
	the at	sici	Part II. Other signif	ficant condition	ns contributing to de	ath but no	t resulting in the	undarlying caus	givan	in Part I.	23b. D	d tobacco use	contribute	to the cause of death'
	ned by e detacl	by Phy	Acute	Renal	Farlun	; t	typerr	otrania	6	fyertale	unte 11	Yes 2 N	lo 3 Pro	obably 4 🗆 Unknow
	aw requires that the death is been signed by the atter 2 should be detached for the contract of the contract o	Completed to	Alzhe	inver-3	Damen	fig					24a, W	es an autopsy rformed?	a <sup>s</sup>	Vara autopsy findings vailable prior to omplation of causa f death?
	certificata has t	E									10	Yes 20N	0 1	☐ Yas 2☐ No
	artifica ctor,	Be	25. Was case rafar exeminar?	red to medical					2	26. Placa of De	eath (Check onl	y ona)		
	his co	P	1 Yas 2		Hospital: 103	npatiant	2 ER/Outpetie		Othar:	4 U Nursing	Homa 5□Ra	sidanca 6 🗆	Othar (Speci	lfy)
	eeth. or: After t	Certification:	27. Mannar of Deat 1 Netural 2 Accidant	5 Pending invastige	ation	of Injury th, Day Yaa	28b. Tima ( Injury		njury at Work? 1 ☐ Ya:	t s 2 □ No	28d. Dascrib	e how injury oc	curred	
	Direct Direct d in by	ertific	3 ☐ Sulcida 4 ☐ Homlcida	6 Could no data mir	and 288. Place	of Injury - ng, atc. (Sp	At home, farm, st pecify)	raat, factory, off	ica			(Straat and Nu own, State)	ım <i>ber</i> or Rur	ral Routa Number,
	within 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page:	edical C	29a. Cartifiar (Check only one)	12 Cartifying 2 Medical E	Physician: To the xaminer: On the be	bast of my isis of exar	r knowladga, daar mination and/or ir	h occurred at the	e tima, ny opini	data and pled	ea, and dua to the curred at the time	a cause(s) and a, deta end plac	mannar as s ca, and due t	steted. to the causa(s)
40.04	withir To th comp		29b. Signatura end	titla of certiflar	KX !	4		29c. Lic	ansa n	number		29d. Dete sig	gned (Month,	Day, Year)
			30. Nama and eddr	ass of person w	no completed caus	a of death	(Item 23a) (Type	Print)	) 4'	149	7	12/	10/9(	)
					-oldsharo	mD:	21636							
	Sta Registr		31. Data filed (Mont		0 1996 D	egistrar's S	Signatura Lavidson	Randale						
_								4						



State of Maryland / Department of Health and Mental Hygiene Q & 30000

						Certificate of	Death		Reg. No.	0 39009
п	Dhysici	0.00	1. Decedent's Name (First, Middle, La					2. Date of Dea	ath Day	3. Time of Death
	Physici /Medi		Dorothy Ann	Fishack				Necem		1994 8:35A.
	Examir		4a. Facility Name (If not institution, gh	ve street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death
		Ш	Washington C	ounty Ho	spita1		Hagerst			hington
	Funeral			Sex 7. Ag	e (In yrs. last bli	Months Days		8. Date of Birt (Month, Day	h y, Year)	Birthplace (State or Foreign Country)
	Director		215-26-7913	TOW ZOT	64	Yrs.		Dec.29	,1931	Maryland
	B		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	n or Location				10d. Inside City Limits
	/eho	5	Md. Washi	ngton	0.73		ola won.	Hage	erstown	
	the the	Director	10e. Street and Number		1	10f. Zip Code			10g. Citizen of V	
	with with	ō	1037 Pennsylv	ania Arro			742		U.S.	
	Jeath 2	Funeral	11. Marital Status	12. Was Decedent	Ever In U.S.			ecify Yes or No-		e - American Indian.
21215-0020	n 72 hours after death with the Maryland "naturel", or frame 23a or 28a-f show solical Expending must be notified at	by	1 X Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 3  If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cul		Rićan, etc.)	Specify	ck, White, etc. White
2-0	72 ho	Completed	15. Decedent's E (Specify only highest gro		16a	. Decedent's Usual Occu (Give kind of work done	ipation	ina	16b. Kind of B	usiness/Industry
21	d within Jiene.	nple	Elementary/Secondary (0-12)	College (1-4or s	5+)	life. DO NOT use retin	ed)			
2	70 70 10 10	Co	12			Secreta	ry		Board (	of Education
Pu	be filed Ital Hygi d other event, n	Be	17. Fether's Name (First, Middle, Last				18. Mother's Nam		Meiden Suman	10)
7/8	should be nd Mental marked o	To	Clyde B. Fis				Lois M			
Maryland			19a. Informant's Neme/Relationship ( Belva L. Trant			O. Melling Address (Stree				
	Heelth and 27 learn 2		20e. Method of Disposition	ules(518	Ont Disease	037 Pa. A Disposition (Name of		Date		
Baltimore,	80= 5		1 ☑ Burial 2 ☐ Cremation 3 ☐		cemete	ry, crematory or other pla		20,	20c. Location -	City or Town, State
튜	artmen ortant: Injury		4 Donation 5 Other (Special Structure of Fungard Service Lice		Smith	sburg Cem		996	Smiths	sburg, Md.
Ba	Department Important any Injure DDCs.		21. Bignature of Fungaet Service Lice	nsoe /	1	22. Name and Addr Davis Fu		1252	25 Brac	dbury Ave.
		Ц	Tenno	XY	W			Smit	hsburg	g,Md. 21783
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on each li	the death. Do	not enter the mode of dy	ing, such as cardiac	or respiratory ar	rest,	Approximete Interval Between Onset and Death
0	Physician /Medical		Immediate Cause (Final	M				1	_	
1	Examiner		disease or condition resulting in death)	a. [ ] [	tast		ancer	+0	Bor	e. 6 menths
		ē		i	Due to (or es a	consequence of):	10	1	1 1	1 6
	uted d ansit	를	Construction of the second state of the second	b	TWO!	consequence of):	( pro	nchea	115010	ir) 8 years
ć	rificete be executed ng physician and as the burlei-transit	edical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury		Due todates a	consequence or).				
68760,	ysicie	cal	thet initiated events	c	Due to (or as a	consequenca of):				
	tificel ng phr as th	Med	resulting in death) Last		200 10 (01 00 01	onto quanta ory.				
Вох	endir r use	NE S		d						
	The law requires that the death ce atendir ate hes been signed by the attendir page 2 should be detached for use	<b>Physician</b>	Part II. Other significant conditions of	contributing to death b	ut not resulting l	n the underlying cause g	iven in Part I.	23b. Dld t	obacco use co	ntribute to the cause of death?
P. O.	at the	Phy						101	Yes 2□ No	3 Probably 4 Unknown
	gned be de	by								/\.
Records,	equir ben s	Pg						24a. Was	an autopsy med?	24b. Were sutopsy findings svallable prior to
ecc	hes be	be								completion of cause of death?
	The ate h	Completed						1 🗆 Y	es 20 No	1 ☐ Yes 2 ☐ No
<u>ta</u>	delan: The certificate rector, pag	Be	25. Was case referred to medical examiner?				28. Place of Deet	h (Check only o	ne)	
<u> </u>	Physic this ce	2	1 ☐ Yes 2 No	Hospital: 1 Inpatie	ent 2 ER/Ou	utpatient 3 DOA	ther: 4 Nursing Ho	me 5 Resid	lence 6 Oth	er (Specify)
0	Attending Physician: or death. ector: After this certific by the funeral director,		27. Menner of Death 1 Natural 5 ☐ Pending	28a. Date of Inju (Month, Da		Time of 28c. Injury Wo	ury at	28d. Describe h	ow injury occur	ed
Sio	death. ctor: Al	Satt	2 Accident investigation	n			Yes 2□No			
Division of Vital	for Attende Directed in by t	Certification:	3 Sulcide 6 Could not b 4 Homicide determined	28e. Placa of Injubuilding, etc	ury - At home, Ia	rm, street, factory, offica		28f. Location (S City or Tow		er or Rurel Route Number,
	ital o									
	To the Hospital or Attending Physician: The I within 24 Junus after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	ledical	29a. Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best on inner: On the basis of and manner sta	examination an	o, deeth occurred at the t d/or investigation, in my	ime, dete and piece, opinion, death occuri	end due to the d red at the time, o	ceuse(s) and ma date and place, a	nner as stated. and due to the cause(s)
	To To	Σ	29b. Signature and title of certifier	1	A	29c. Licen	se number	4	29d. Date signed	d (Month, Day, Year)
			Third	Low	Jan, 1	ND PH	473		12/1	7/96.
			30. Name and address of person who	completed cause of d	eath (Item 23a)	(Type, Print)	0 1	1	1	_
			Hind Hamdan,	M.D.; 3	63 S.	Cleveland	Hye ;	Lagens	town.	MD 21740
			31. Date filed (Month, Day, Year)	32, Registra	ar's Signature		/	( )	,	
	Sta Registra		DEC 1 8 199					9		

State of Maryland / Department of Health and Mental Hygiene 39010 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Voe SR. ANN FARRELL DECEMBER 15, 1996 4:30 P.M. /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death **Examiner** 4c. County of Death ST CATHERINE'S NURSING CENTER **EMMITSBURG** FREDERICK If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** Deys Months 1 □ M 2 🕅 F Director 207-40-0567A JUNE, 26, 1915 SPRINGFIELD, MA. Usual Residence of Decedent 10b. County 10a, State 10c. City, Town or Location 10d. Inside City Limits ahow Examiner must be notified at Director 1 Yes 2 No 288-11 MARYLAND FREDERICK **EMMITSBURG** 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? "natural", or Items 23a Funeral 331 S. SETON AVE 21727 S. A. 12. Was Decedent Ever In U.S. Armed Forces? Rece - Americen Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. SISTER OF NOTRE DAME Elementary/Secondary (0-12) College (1-4or 5+) TEACHER other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Itam 27 Is marked other any Injury or other treumatic event, 900ce. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be JAMES FARRELL P ANNA DEVLIN 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SISTER MARY ADELE WHITE 331 S. SETON AVE., EMMITSBURG, MD. 21727 20b. Place of Disposition (Neme of cemetery, crematory or other place) 12/18/96 Date 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) ELLICOTT CITY, MD. SISTERS OF NOTRE DAME CEMETERY Funeral Service Licensee 22. Name end Address of Facility SKILES FUNERAlHOME 210 W. MAIN ST., EMMITSBURG, MD. 21727 Part Financia the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, the disease, or complications that caused the death. Approximate interval Between Onset end Death **Physician** /Medical Imme liete Cause (Final disease or condition resulting in death) **Examiner** guence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last ettending physician and for use as the burial-tran Due to (or as a con-Division of Vital Records, P.O. Box 68760, or Attanding Physician: The law requires that the deeth certificate be Physician/Medical Due to (or es a consequence of) Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed t þ Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed' completion of ceuse of death? page 2 1 ☐ Yes 2 X No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of Injury 28d. Describe how Injury occurred After 1 Natural 5 Pending 24 hours after death.

Funeral Director: A Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, ferm, street, factory, office bullding, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the ceuse(s) end manner es stated.

Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) 29e. Certifier Medicai completely (Check only To the Y within 2 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

310 S. SETON AVE., EMMITSBURG, MD. 21727

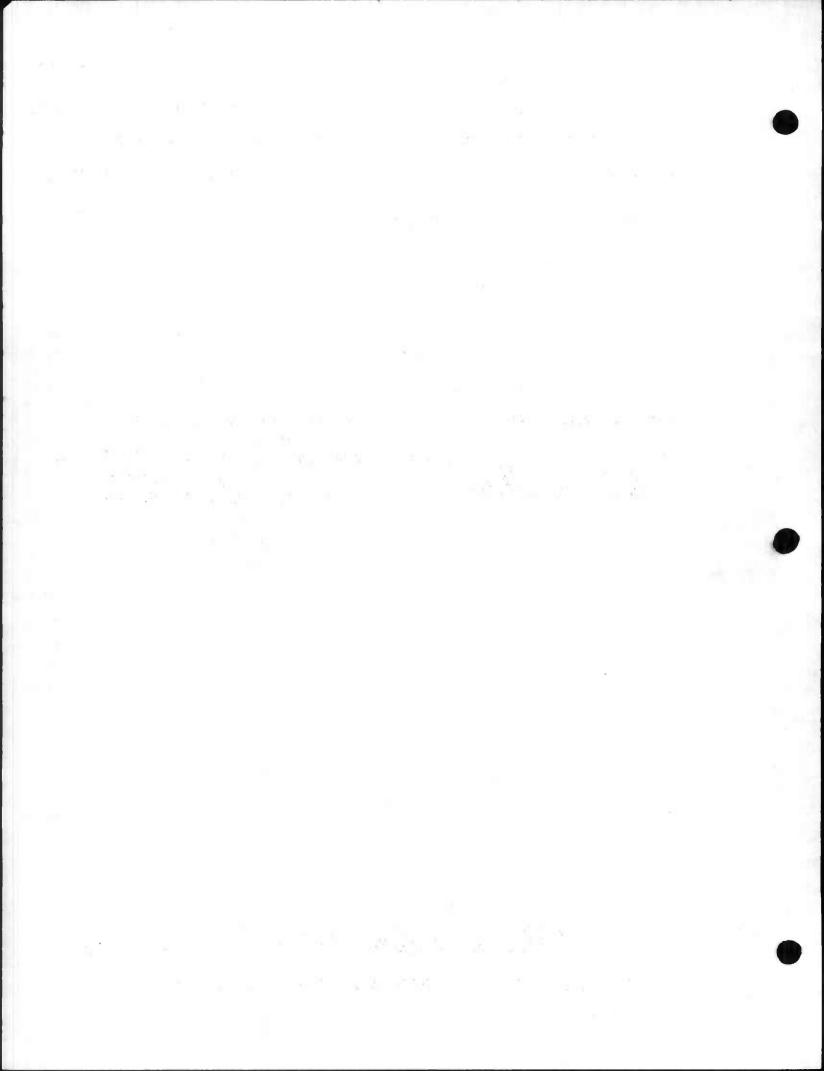
32. Registrar's Signature

DHMH 16 Rev 6/95

State Registrar ALAN CARROLL, M.D.

31. Date filed (Month,

DEC 1 7 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 6 0/6 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** John E. Ferrel1 December 7, 1996 /Medical 9:00 P.M. 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Regency Nursing Home Forestville Prince George's 8. Date of Birth (Month, Day, Year) Sep 15, 1920 If Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours Months 1 XM 2 ☐ F 577-16-8929 Yrs **Director** 76 New Jersey Usual Residence of Decedent the Meryland 10e. State 10b. County 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits other traumatic event, the Medical Examiner must be notified at 1√2 Yes 2□ No Director N/A N/A Washington, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 items 23a 851 20th St., N.E. permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or flems 23s any Injury or other traumatic event, the Medical Examiner must once. 20002 United States Funeral 12. Was Decadent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. 1 Never Married 2 Merried 1 X Yes 2 ☐ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by 3 X Widowed 4 ☐ Divorced **Black** Yeer or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Maintenance Private 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Unknown 2 Annie Clark 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Denise Catlett (Daughter) 1111 Chicago St., S.E. Washington, D.C. 20020 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 12/12/96 Landover, Maryland 22. Name end Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Maryland 20747 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List grily one cause on each line. Approximate Interval Between Onset end Death **Physician** RESPIRAT /Medical fmmediate Cause (Final disease or condition resulting in deeth) Examiner S-MULTIPHE Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last physiclan s the buriel buriel Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of) for use es 80 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was en eutopsy performed? page 2 s certificate has 2 00 No 1 Yes 1 ☐ Yes 2 ☐ No Attanding Physician: director, 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. fnjury at Work? 28d. Describe how Injury occurred After 1 Accident 5 Pending Investigation To the Hospital or Attandir within 24 hours after death. To the Funeral Director: Al 1 Yes 2 No the 6 Could not be determined 3 Suicide Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1) Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical pletely (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

5. J-RAO, MD-4000-Mitchell MW Road; # 280; Bowif-MD-20716. 31. Date filed (Month, Day, Year) DEC 11 32. Registrer's Signature State Registrar

DHMH 16 Bey 6/95

39012

_					C	ertificate o	f Death		Reg. No.		
П	Dhysia	ion	1. Decedant's Neme (First, Middla, Last)					2. Data of De Month	ath Day	Yaar 3.	Tima of Deeth
	Physic /Medi		(Reverend) Le	ee Was	shington	Franc	is		er 9, 1		:10 A.M.
	Exami		4e. Fecility Neme (If not institution, giva st	reet end number)			4b. City, Town, o	r Location of Deat	h 4c. County	of Deeth	
			Golden Oaks Nurs	ing Home			Laurel		Prin	ce Geor	ges
	Funeral		5. Social Security Number 6. Sex		(In yrs. last birthd	ay) If Under 1 Yas Months Dey			th V Year)	9. Birthplace	Stata or Foreign
	Director		577-09-3125	M 2□ F	89 Yrs	·	Tiodia ivii	June 2	,1907	Virgi	nia
	Pu ,		Usual Residance of Decedant		10- Oh T-						
	aryla	ų.	10a. Stata 10b. County		10c. City, Town or	Location					Isida City Limits
	N e W	Sch	District of Columb	ia	Was	shington				1.	Yas 2□No
	\$ 0 E	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \		
	ath w		6012 North Dakota	Avenue, N			012			States	
	d within 72 hours efter death with the Maryland jiene. I then "natural", or frems 23s or 28s-f show the Medical Examiner must be notified at	Funeral		<ol><li>Wes Decedant Ev Armed Forces?</li></ol>	ar in U,S. 1	<ol><li>Wes Decedant of If Yas, specify Control</li></ol>	f Hispanic Origin? ( uban, Mexican, Pus	(Specify Yes or No irto Rican, atc.)	- 14. Rac Blee	e - Amarican Inck, Whita, atc.	dian,
20	or or	by F	1 Nevar Married Married	tXXYas 2 ☐ No If Yas, Giva	•	1□ Yes 2X N			Specify	/: D1 - 1-	
8	hour First	P	3 Widowed 4 Divorced	Yeer or Detes:						black	
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N	e filed with al Hygiene. other than vent, tre.		17. Fathar's Nama (First, Middla, Last)		IXEE.	red/Dapt		ama (First, Middle			
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3	should be nd Mental marked c	10									
<u>8</u>	0 0 5 5		19a. informant's Name/Ralationship (Type			alling Addrass (Stre					
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Baitimore	Pages nent of int: If its iry or o		1 K Burial 2 ☐ Cramation 3 ☐ Re	moval from Stata	cematary, o	crematory or other p					
=	nit. Pa antmen ortant: Injury		4 □ Donation 5 □ Other (Specify)		Glen	wood Ceme		14,1996	Washin	gton, D	.C.
Ba	permit. Pages 1 a Department of Hea Important: If item any injury or othe once.		21. Signature of Funeral Service Limiteses		7	22. Name end Add	ress of Fecility I	Latney's	Funeral	Home,	Inc.
		L	Dard Pull	aj-del	man		rgia Aver			ton,D.C	. 20011
			23a. Part. Entar the disease, or compile shock, or heart tailure. List only one	ations that caused the	na daath. Do not	antar tha moda ot d	lying, such as cardi	ac or raspiratory a	rrest,	Inter	roximata vel Between
Ò.	Physician				, ,					Ons	et end Deeth
d.	/Medical Examiner		Immediata Causa (Final diseese or condition rasulting in death) a.	Prosi	tale	Cancer				6	Month
		<u>_</u>	rassing in quality	D	ue to (or as s con	saquance of):				1	1
	ped is	Examiner	<b>b</b> .							1	
	certificate be executed ding physician and se es the burial-transit	хап	Sequentially list conditions, if eny, leading to immadiata	Di	ua to (or as a con	sequence ot):					
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<b>68/60</b> ,	phys the	edical	that initiated avents rasulting in daath) Lest	Di	ua to (or as a cons	sequance ot):				- i	
X	ding ding	3	d.								
n	that the death c	Physician									
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7	that ded b		Coronary	Hiter-	X DIS	e45 R	-	_ 10	Yee 2□ No	3 Probably	Unknown
SD	w requires that been signed b should be det	d by	Coronary Hyperkens	(	)			24a. Was	an sutopsy	24b. Wara au	rtopsy tindings
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Division of Vital Records,	Physician: r this certific ral director,	Be c	25. Wes casa ratarred to medical axaminar?	spital:		_ (	Activities and the second	eath (Check only			
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	After After June	lo	1 Natural 5 ☐ Pending	(Month, Day	(ear) Zoo. Injur	y W	ork? ☐ Yas 2 ☐ No	250. Dascribe	now injury occur	rea	
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2	f or Attending after death. Director: After d in by the lune	ertification:	4 Homicida datarmined	building, atc.	(Specify)	street, factory, offic	AT .	City or To	wn, Stata)	ol ol rigizi riou	ra reuniber,
	ours ours filled	O	29a. Cartifiar 12 Certifying Physic	dan: To the best of a	my knowledge de	ath occurred at the	time data and plac	ne and due to the	causa(s) and ma	nner es stated	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the Iuneral	edical	(Check only one) 2 Medical Examine	r: On the basis of an	xamination and/or	Invastigation, in my	y opinion, daath occ	curred at tha tima,	data and place,	end dua to tha	cause(s)
	o thi	Me	29b. Signstura and till of certifies	1 1	1	29c. Lica	nsa number		29d. Data signe	d (Month, Day,	Year)
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1	(1)		30. Nama and addrass of phison who com	inleted cause of d	th (item 22-) /T-	De Print	7/0				
1	10)		John N. Margolis, M				ad:Laurel	Pines R	Maryla	nd 2070 Suite	307 •
	Sta	te	31. Deta filed (Month, Day, Year)	32. Registrar's			ad y mater to 1	- I IIICO D	GITUING	, baree	307;
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Mary San Comment

State of Maryland / Department of Health and Mental Hygiene 96

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						C	erti	ificate o	f Deatl	h		Reg. No.			
	1. Decedent's	Name (First, Mid	dle, Last)								2. Dete of De	ath	Maria	3. Ti	me of Death
cian dicai	Carl	Bryant F	elge	r							Deceml	Day Der 5,	1996	10	:05 AN
iner		me (If not instituti			rber)				4b. City, T	Town, or Li	ocation of Deat		ty of Death	-	.05 111
	9304	St. Andr	AWC.	Place					Colleg	re Pa	rk	Drin	ce Ge		
i	5. Social Secu		6. Sex		7. Age (In yrs.	lest birtho	lay)	If Under 1 Yea	r If Unde	r 24 Hrs.		rth			
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ō	MD	Prin	ce G	eorges	Col	llege	Do	rle					71	1 🔯	Yes 2 N
9	10e. Street an			501865	001	riege	Ia	10f. Zip Code				10g. Citizen o	( Matheway Cons	O. man	
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Funeral Director		St. Andr		Place 2. Was Deced	lant Evenin II		10.146-	2074		21.0.40	- 24 M M	USA			
Ę	11. Maritai Sta	nus Married 2Ď∑Ma		Armed Fore	ceş?	, J.	If Y	es, specify Cu	ban, Mexica	an, Puerto	ecity Yes or No Rican, etc.)	)- 14. Pa	ace - Americ eck, White,		911,
by F		married 2 Latima red 4 □ Divorce		1 Yes 2	1		1 🗆	Yes 2 N	Specify	y:		Spec	ify: T.T	hite	
	V L WIGO			Year or Da	(05;	10.5			T. F. M.						
ete	(	15. Decede Specify only high	nt's Educ est grade	com <i>pleted)</i>		(G	ive kir	nt's Usual Occ od of work don	e durina mo	st of work	ing	18b. Kind of	Business/In	dustry	
Completed	Elamentary/	Secondary (0-12)		Collaga (1-	4or 5+)			NOT use reti							
	17 Fathada N	non n /Fires Adiabate	1 004)	5+		Prin	стр	al Sci	_			Cosme			
Be		ama (First, Middle										, Maiden Suma	ime)		
To		G. Felge								-	e Bryan				
	200000	t's Name/Relation		oe, Print)								er, City or Tow		-	
	Donna	H. Felg	er			930	4 S	t. And	rews l	Place	, Colle	ege Par	k, MD	20	740
	20a. Method o		• 🗆			Place of Di	spositi	on (Name of lory or other p	ace)		Date	20c. Location	- City or To	wn, Ste	te
y		2 Cremation		emovel from S	(8(8					rv 1	2/09/96	Silver	Sprin	10.	MD
		of Funeral Service		0 /	- /			lame and Add			2,00,00	DIIVOI	OPIL	-6,	
	1	4.	1	/	N.		Fra	ncis J	. Col:	lins		l Home,			
_	23a. Bartt. Er	ter the dispare,	.8	mu	1							Silver	Spg,		20901
1	shock, or	heatlettre. Lit	uniy one	e cause on ea	ch lina.	n. Do not	enter	the mode of a	ing, such a	s cerdiac (	or respiretory a	rrest,		Interva	dmate I Between
	Imma diata Os	in the second											1		and Death
	Immediata Ca disease or cor resulting In da	dition	a.	Meta	astatio	e Nas	oph	aryngi	al Car	ncer			-10	$1\frac{1}{2}$ y	ears
L	resulting in de	atti)			Dua to (d	or as a con	seque	nce of):							
Examiner			- h												
Сап	Sequentially li	st conditions,			Dua to (c	or as a con	seque	nce of):							
	Sequentially lift any, leading ceuse. Enter	to immediate Jnderlying	,										- 1		
Ca	Cause (Disaas that Initiated et resulting In de	/ents	C.		Due to (o	r as e con:	sequer	nce of):							
/Medical	Tooding in do	anny Look													
2			d.												
Physician	Part II Other s	Ignificant conditi	one conti	rlhuting to dea	th but not ree	ulting in th	o undo	rhina course a	han In Part	1	22h Did	tobacco uss c		the co	unn of donah
hys	T GITTE OTHER	guntount conditi	OHE COIL	induting to dea	ui but not ies	uning in the	e unue	riyiig ceuse g	iven in Pan	J.	-				
											LAI	Yss 2□ No	3 Pro	Dably	4 Unknow
d by											240 Wee	an autopsy	24h W	are auto	psy findings
Completed												med?	av	ailabla p	rior to
<u>d</u>													of	death?	
3											10	Yas 2 No	10	Yas	2 No
e a	25. Was case a examiner?	eferrad to medice							28. Plac	e of Death	(Check only o	one)			
2	1 ☐ Yes	21 No	Ho	spital:	patient 2	ER/Outpa	tient	3 DOA	ther: 4 N	lursing Ho	me 5 Resi	dance 6 0	her (Specif	v)	
	27. Manner of I			28a. Date of (Month,	Injury	28b. Time		28c. Inj				how Injury occu			
atio	1 ☑ Natura 2 ☐ Accide	Towns of	ng igation	(WOTE)	Day rear/	Injur	у		Yes 2	] No					
2	3 Sulcide			28e. Place o	f Injury - At ho	ome, farm,	street	, factory, office	)			Street and Nun	ber or Rura	/ Route	Number,
Certification:	4 🗆 Homic	ide		building	, etc. (Specif	Y)					City or To	vn, State)			
	29a. Certifier	10 Certifyi	na Physic	clan: To the h	est of my know	wledge de	ath oc	ourred at the	lme data a	nd place	and due to the	ceuse(s) and n		ata d	
edicai	(Check onl)	2 Medical	Examine	er: On the bas	is of examinat	tion and/or	Invasi	tigation, in my	opinion, de	ath occurr	ed at the time,	date and place	, and due to	the ceu	ise(s)
Σ	29b. Signature	and title of certifie	ar .	ond maine	r stateu.			29c Licer	se number			29d. Date sign	ed /Month	Day Va	er)
	N	and the or contine	2	2								230. Date sign	ed (MONI),	Day, rea	at /
	In	The L	Oha	rel 1	9			D089	44		I	Decembe	r 5,	1996	
		address of person													
7	Martin	C. Sharg	gel,	M.D.,	3720 F	arrag	gut	Avenue	, Ken	singt	on, MD	20895	-2110		
		Month, Day, Yaar,		32. Rag	istrar's Signa	tura									
ir		DECAA	1000	1	0. F.										
		-LU U J	סבבו	The	wa waved	son-R	male	02							
K	Martin 31. Data filed (	C. Share	gel,	M.D.,	3720 F	arrag tura	gut	Avenue	, Ken	singt	ion, MD	20895	-2110		

State of Maryland / Department of Health and Mental Hygiene 96 39014

						Certificate o	f Death		Reg. No.						
П			Decedant'a Name (First, Middle, I	.ast)				2. Data of D			3. Time of Death				
	Physic /Medi		WILLIAM GI	BSON FLE	TCHER			Nov.	29, Day 1996	Yeer	0542				
	Exami		4a. Fecility Nama (If not institution, g	ive street and number)			4b. City Town,	or Location of Dea							
			Montgomery Gene	ral Hospit	al		Olney,	MD. The	iiiiiii	Monto	omerv				
Т	Funeral	Г		Sex 7. Ag	e (In yrs. last bir			irs. 8. Data of B	rth Van						
п	Director		234-05-3104	1₽M 2□F	81	Yrs. Montha Day	rs Hours M	in. May 2	1, 1915						
	D		Usual Rasidance of Dacedent							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , 1. 5 1				
	nylar thow		10a. Stata 10b. County		10c. City, Tow		Falle Ch	urch			X				
	W THE	cto	VA. Fairfax 3022 Castle Rd., Falls Church												
	G 2	Director	10e. Street and Number 3022 Castle Rd.	What Cou	ntry?										
	72 hours efter death with the Meryland natural', or ferms 23a or 28a-f show dicel Examinet must be notified at	ie.	JUZZ Castle Ku												
	eep .	Funeral	11. Maritel Status	12. Was Decedent   Armed Forces?	Ever in U,S.	13. Was Decedant o	f Hispanic Orlgin? uban, Maxican, Pu	(Specify Yes or N	o- 14. Ra						
0	or its		1 Nevar Married 2 Married	Y Yea 2 ☐ N	lo			ono moun, aro.)							
20	ral'.	l by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:		1□Yea 2□N	о эрвину.		Specil	Montpomery  S. Birthplage (State or Foraign West Virginia  10d. Inside City Limits 1 Ves 2 No on of What Country?  A. Race - American Indian, Black, White, etc. Specify: White of Businass/Industry  ivate  umame) uddleston  Town, State, Zip Code) Virginia 22044  ation - City or Town, State lington, VA.  eral Home Virginia 22203  Approximata Interval Between Onset and Death  Completion of cause of death?  Approximata Interval Between Onset and Death  24b. Wara sutopsy findings available prior to completion of cause of death?					
5-0	be filed within 72 hours after death with the Merylan stell Hygiene.  Id other than "natural", or itema 23a or 28e-f show event, the Medical Examinat must be notified at	Completed	15. Decedent's (Specify only highest of	Education rada completed)	16a.	Decedant's Usual Occ (Giva kind of work dor	cupation	vorkina	16b. Kind of E	Businass/In	dustry				
2	within then the Man	du	Elamantary/Secondary (0-12)	Collega (1-4or 5		lifa. DO NOT use reti	red)		Davier	9. Birthplace (State or Foraign Country)  West Virginia  10d. Inside City Limits  1					
2	filed w Hygier ther th	S	12	1-4		Heating				Approximate surface of competing available prior to competing of cause of the cause of death?    1996   Yeer   10542     100d. Inside City Limits   1   Yes 2   No     10d. Ins					
Ind	be filed tel Hygid d other event, to	Be	17. Fathar's Nama (First, Middla, Las	•				lama (First, Middle			on				
Ya	2 should be and Mentel is marked of aumetic eve	2	Edmund Ruthven												
Maryland 21215-0020	s 1 and 2 should f Health and Men tem 27 is marke other traumatic		19a. Informant's Name/Raiationship		19b	Malling Addrass (Stre	et and Number or	Rural Routa Numi	ber, City or Town	State, Zig	a 22044				
	1 and Health em 27		Carole Fletche:	ritchko			rton st.	, Lailb or							
Ore	iges 1 a nt of Hea if item or othe		20a. Mathod of Disposition 1 ☐ Buriel 2 ☐ Cramation 3	Ramoval from State	cemeter	Disposition (Nama of y, cramatory or other p		Data							
Ë	Pages ment of i ant: If ite ury or o		4 ☐ Donation 5 ☐ Othar (Spec		Nort	hern VA.Cr	ematory	11/30/9	6 Arli	ington, VA.					
Baltimore,	permit. Page: Department of Important: If i any Injury or once.		21. Signature of Funaral Service Licensaa 22. Nama and Addrass of Facility ARlington Funeral Home												
<u>m</u>	20529		May Nolley 3901 N. Fairfax Dr., Arlington, Virginia 22203												
			shock, or haart fellure. Lut only one cause on each line.												
	Physician														
4	/Medical		Immediata Causa (Final disease or condition Alfa Leu We 11 S Alcade Las												
Е	Examiner		rasulting in death)  a.  Due to (or as a consequence of):												
		ner			200 10 (0. 20 2 1	oniooquanioo oi,					/				
	certificate be executed ding physician end se as the buriel-transit	Examiner	Sequentially list conditions.	b. ————	Due to (or as a	consequence of):									
ó	e exe an e urielH														
68760,	ate by he by	/Medical	C. Causa (Disaase or Injury that initiated evants Dua to (or es a consequance of):												
	ng pl	Med	1 County II County Last												
Box	2 2 3			d				-		1					
	0 0 0	Physician	Part II. Other significant conditions	contributing to death by	it not rasulting in	tha undarlying caus	givan in Part I.	23b. Did	tobacco use co	ontribute t	o the cause of death?				
P.0	that the ed by th detach	Phy	1 Yes 2 No 3												
		by	MUNIC	OMERICA	ne or	was any	ele-c	_							
Records,	The lew requires ate hes been sign page 2 should be										ara sutopsy findings				
90	ew re 2 sh	ple	1000000	area	- M & M w	ance Ca	Lanc	-		CC	impletion of cause				
_	The levate hes	Completed						10	Yes 20 No	11	TYes 2□ No				
ī		Be C	25. Was casa rafarred to medical				28 Piaca of F	Death (Check only	1	1	2.00 2.010				
Division of Vital	Attending Physician: or death. ector: After this certific. by the luneral director,	0	axaminar? 1 □ Yas 2 ② No	Hospital:	nt 2 ER/Ou	Ipatient 3 DOA	Wher			nar (Snacii	(v)				
0	a Physer this seral di	L i	27. Mannar of Death	28a. Data of Injur (Month, Day		ima of 28c. In			how injury occu	1-1-	,,				
0	ath. :: After e luner	at o	1 Natural 5 ☐ Pending 2 ☐ Accidant Invastigati		Year) II		Yas 2 No								
N	or Attendation after death Director: A I in by the I	ific	3 ☐ Suicida 6 ☐ Could not datarmine	28a. Place of Inju	ry - At homa, fa	m, street, factory, offic	0			ber or Run	al Route Number,				
Ö	s after il Direction by	Certification:	4   Hornicida	building, atc	. (Specify)			City or 10	wn, Stata)						
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the luneral director.		29a. Certifier 12 Certifying P	hysician: To the best of	f my knowledga	, daath occurred at tha	tima, data and ple	ce, end dua to the	cause(s) and m	annar as s	tated.				
	he Hin 24 he Fu	edicai	(Check only 2 Medical Ext	miler: On the basis of and mannar sta	examination and ted.	Vor investigation, in my	opinion, deeth oc	curred at tha time	, date and place,	and dua to	o the cause(s)				
	To the	X	29b. Signature and fittle of certifier	/		29c. Lice	nse number		29d. Dete signe	d (Month,	Dey, Year)				
)			1 Blan House 48 108281 11/25K												
			30. Nama and address of person who	complated causa of de	nath (Item 23a) (	Type, Print)	0/ 1	1	.1	. 1					
	10		Bootsmix of	Typewial.	mQ. 18	711 Prin	ue Phil	The ch	Olar	Not	20+32				
	Sta	te	31. Data filed (Month, Day, Year)	22. Registra	r's Signatura	00	А.	1	0	(0)					
	Registr		DEC 1 2 1996	going pains	Man-Marion	Cores Cores									

State of Maryland / Department of Health and Mental Hygiene 96

96 39015

						C	enilica	te of	Death		Re	eg. No.					
	Physici /Medic		1. Decedent's Nama (First, Middle, Rosa	Lee Lee			Gik	son			2. Dete of Deet Month Decemb	h Dey	Yaer 96	3. Time of Dea 2:40 F			
	Exami		4e. Fecility Nema (If not Institution,	giva street and number	r)				4b. City, Tov		cation of Death	4c. County		2.101			
			The Memor	ial Hosp	ital				Eas	ton		Tall	bot				
	Funeral Director					lest birthde 54 Yrs	Month	ar 1 Yaa Deys	If Under 2	24 Hrs. Min.	8. Date of Birth (Month, Day, Nov. 16	Year)	9. Birthpi Coun	9. Birthplace (State or Fore Country) North Carol			
1	and **		10e. Steta 10b. County		10c. Ci	ity, Town or	Location			-			10	Od. Inside City Lir			
La Man	8a-f sh	Director		Annes	Ce	ntrev								Yes 2□			
de d	n 72 hours after death with the Maryland "natural", or items 23a or 28a-1 show ad cal Example man be nothed at											0g. Citizan of USA	Whet Coun	lry?			
7020		by Funeral	11. Marital Status  XXNavar Married 2☐ Married 3☐ Widowed 4☐ Divorced	Armed Force d 1 ☐ Yes 2 If Yes, Giva	Armed Forces? 1 ☐ Yes 2000No			edent of ecify Cul	oan, Mexicen,	in? (Spe Puerto I	cify Yes or No- Rican, etc.)	Ble	ace - American Indian, leck, Whita, atc.				
ָה בְּי	netui fical	eted	15. Decedent's (Specify only highest)	Education grede completed)		16e. De	cedent's Us	uel Occu	pation during most	of worki	20	16b. Kind of B	isinass/industry				
Maryland 21215-0020	than.	Completed	Eiamantary/Secondery (0-12)	College (1-4or 5+)		life	aborer					Con Agra					
	al Hygid	Be	17. Fethar's Name (First, Middla, La	ast)	18. M						(First, Middle, M	Meiden Sumer	den Sumema)				
2	should be and Ind Mental I marked or umatic eve	2	Stephen Gibson Rosa R								iddick						
a de	and ls me		19e. Informent's Name/Retetionship	p (Type, Print)		19b. M	eiling Addre	ss (Straa	t end Numbe	r or Rure	Rurel Routa Number, City or Town, Stata, Zip Code)						
2 6	l and lealth im 27 ther tr		Linda S. Gibson	n Moore					Court	, Ce	ntrevil	le, Md.	216	17			
Dalumore,			20e. Method of Disposition 1 ☑ Burlel 2 ☐ Cremetion 3	Removel from Ste		Plece of Dis cemetery, o	sposition (No crematory or	ome of other ple	ece)		Date	20c. Location	City or To	wn, Steta			
De d	ment of I ant: If he ury or of		4 Donetlon 5 □Other (Spe		12	/14/96	Centrev	ville	Md.								
Jan i	Department my Injury Injury		4 Donetton 5 Dotter (Specify)  Chesterfield Cemetery 12/14/96 Centreville, Md.  21. Signeture of Funeral Septime France Bennie Smith Funeral Home														
2	K 0 E # 8										ston, M		1 210	501			
	aminer	Examiner	Immediate Cause (Finel disease or condition resulting in death)  a. Attains along the Candon attains. Due to (or es e consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):														
ash cardificate be executed	n ceruincate be executed ending physician and r use as the burial-transit	Medical	cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Lest														
. 5	ed for	sicia	Pert II. Other significant conditions	s contributing to death	but not res	ulting in the	underlying	cause g	iven in Part i.		23b. Did tobacco use contributs to the causs of dear						
) et	date	by Physician												ably 4 Wunkr			
e =	s been sign 2 should be										24a. Wes er			ra sutopsy findin lleble prior to			
law requires that	as bee	npie									porioni	ned r	con	npletion of cause leeth?			
The law requires th		Complet									1 □ Ye		of o				
The law requires th		Be Completed	25. Was case raterred to medical exeminer?						28. Piece	of Deeth		s 2 No	of o	leeth?			
The law requires th	is certifica director,	To Be	exeminer? 1 ☐ Yas 2 ☐ No	Hospital: 1 ☐ Inpa	ient 2□	ER/Outpat	ient 3□ C	OA OI	han		1 □ Ye	s 2 No	of o	leeth?			
fing Physician: The law requires th	After this certifica funeral director,	To Be	exeminer?  1 \( \)	28a. Dete of In (Month, E	urv	ER/Outpat 28b. Tima Injur		28c. inju	her: 4□ Nur	sing Hon	1 □ Ye	e) 2 No	of control	leeth?			
ling Physician: The law requires th	After this certifica funeral director,	Certification: To Be	exeminer? 1 D(Yas 2 No  27. Mennar of Deeth 1 D(Neture) 5 Pending	28a. Dete of in (Month, E	ury ey Year)	28b. Time Injur	of y M	28c. inju Wo	her: 4 Nur iny et ink? ] Yes 2 N	sing Hon 2	1 ☐ Ye  (Check only only only only only only only only	es 2 No  e)  nce 6 Noth w injury occur	er (Specify	eeth? I Yes 2□ No			
ling Physician: The law requires th	After this certifica funeral director,	Certification: To Be	exeminer?  1 \( \forall \) (Yas 2 \( \) No  27. Mennar of Deeth  1 \( \forall \) (Neturel 5 \( \) Pending Invastigat  2 \( \) Accident  3 \( \) Suicida  4 \( \) Homicide datermine  29a. Certifier 1 \( \) Certifying F	28a. Dete of in (Month, E	oy Year)  hjury - At h.  tof (Specification)  tof my knoot axamina	28b. Tima Injur ome, ferm, y)	street, fector	28c. Inju Wo	her: 4 Nur ny et nk? ] Yes 2 N	sing Hon	1 ☐ Ye  (Check only one ne 5 ☐ Reside 18d. Describe ho  18f. Location (Str. City or Town	e)  nnce 6 Doth www.injury.occur reet end Numb use(s) end me	or (Specify red	leeth?  I Yes 2□ No  Pouta Number,			
ling Physician: The law requires th	r this certifica	To Be	exeminer?  1 \( \)	28a. Dete of In (Month, E and building, 4 and	oy Year)  hjury - At h.  tof (Specification)  tof my knoot axamina	28b. Tima Injur ome, ferm, y)	of y M street, fector eth occurred invastlgatio	28c. inju Wc 1	her: 4 Nur ny et nk? ] Yes 2 N	sing Hon	1 Ye  (Check only one ne 5 Reside 18d. Describe ho 18f. Location (Str. City or Town and due to the ce d et tha tima, da	e)  nnce 6 Doth www.injury.occur reet end Numb use(s) end me	er (Specify red	eeth?  Yes 2 No  No  Routa Number,  eted.  the cause(s)			
fing Physician: The law requires th	After this certifica funeral director,	edical Certification: To Be	exeminer?  1 \ Yas 2 \ No  27. Mennar of Deeth 1 \ Neturel 5 \ Pending Invastigat 3 \ Sulcida 4 \ Homicide 6 \ Could not datermine  29a. Certifier (Check only one)	28a. Dete of In (Month, E and building, 4 and	oy Year)  hjury - At h.  tof (Specification)  tof my knoot axamina	28b. Tima Injur ome, ferm, y)	of y M street, fector eth occurred invastlgatio	28c. inju Wc 1	her: 4 Nur ry et rk? ] Yes 2 N me, dete end opinion, daath	sing Hon	1 Ye  (Check only one ne 5 Reside 18d. Describe ho 18f. Location (Str. City or Town and due to the ce d et tha tima, da	es 2 No e) e) ence 6 Doth www.injury.occur reet end Numb use(s) end me ata end plece, edd. Data signe	on of c	Pouta Number,  Pouta Number,  Sted.  Sted.  Sted.  Sted.  Stey, Year)			
ling Physician: The law requires th	After this certifica funeral director,	edical Certification: To Be	exeminer?  1	28a. Dete of In (Month, L) 28e. Plece of I building, 4 28e. Plece of I building, 4 28e. Plece of I building, 4 28e. Plece of I and I building,	ury ey Year)  njury - At hetc. (Specifit of my knoot axamina teted.	28b. Time Injury ome, ferm, y) wledga, de tion end/or	street, fector eth occurred invastigation	28c. inju Wc 1	her: 4 Nur ry et rk? ] Yes 2 N me, dete end opinion, daath	sing Hon	1 Ye  (Check only one ne 5 Reside 18d. Describe ho 18f. Location (Str. City or Town and due to the ce d et tha tima, da	es 2 No e) e) ence 6 Doth www.injury.occur reet end Numb use(s) end me ata end plece, edd. Data signe	er (Specify red	Pouta Number,  Pouta Number,  Sted.  Sted.  Sted.  Sted.  Stey, Year)			
fing Physician: The law requires th	After this certifica funeral director,	edical Certification: To Be	exeminer?  1 \ Yas 2 \ No  27. Mennar of Deeth 1 \ Neturel 5 \ Pending Invastigat 3 \ Sulcida 4 \ Homicide 6 \ Could not datermine  29a. Certifier (Check only one)	28a. Detect in (Month, E) 28e. Plece of i building, a 28e. Physician: To the best and mennar s	ury ey Year)  njury - At hitc. (Specification of my knoot axaminateted.	28b. Time Injury ome, ferm, y) wledga, de tion end/or	of y M street, fector eth occurred invastigation 25	28c. inju Wc 1 [ ry, office d at the tin, in my cc. Licen	her: 4 Nur ny et rk? ) Yes 2 N me, dete end opinion, daatt	sing Hon  2  lo  2  place, a	Check only one  1 Ye  (Check only one  1 Reside  18d. Describe ho  181. Location (Str.  City or Town  18d due to the ce  18d det tha tima, da	es 2 No e) e) ence 6 Doth www.injury.occur reet end Numb use(s) end me ata end plece, edd. Data signe	on of c	Pouta Number,  Pouta Number,  Sted.  Sted.  Sted.  Sted.  Stey, Year)			

	1	,		STATE REGISTR	AF
2		1.	0	ECEDENT'S	N/

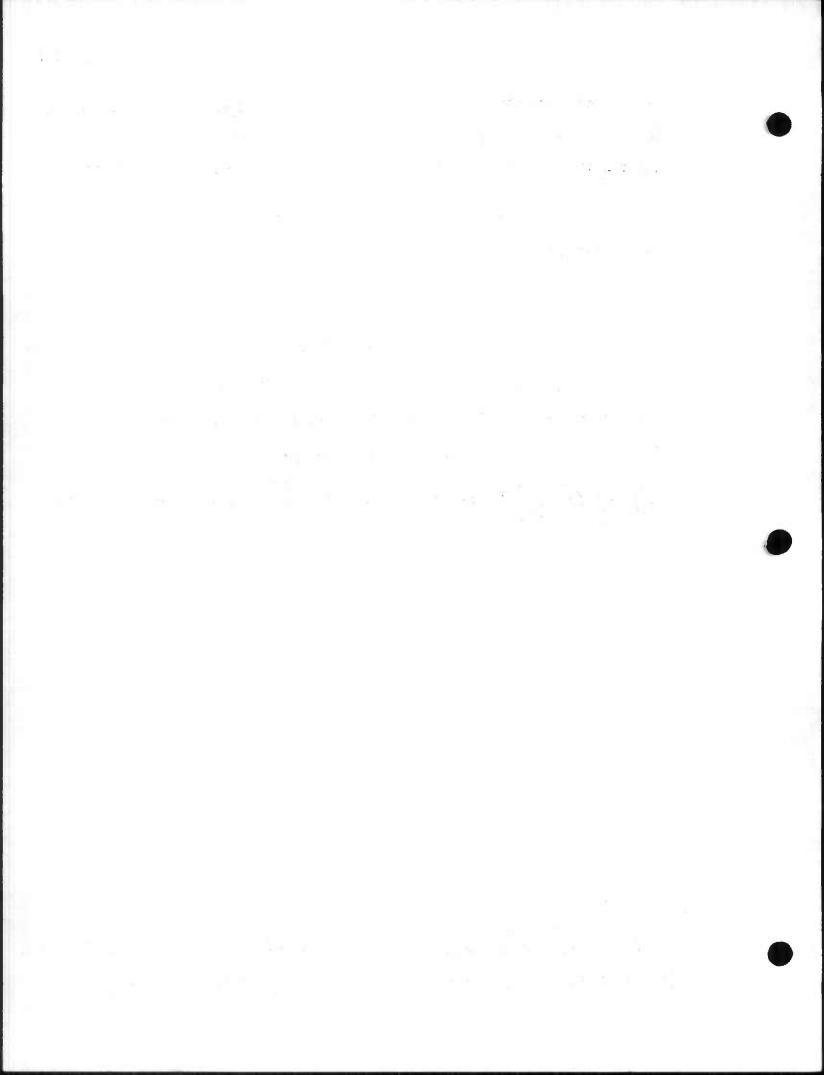
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH													
	Jack NMN Gertzog Dec. 13.1996 10:													10:55 P.M
	4. SOCIAL SECURITY NUME		5. SEX	B. AGE (In	n yrs. last bi		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		a. BIRTN	PLACE (State or Foreign
	096-26-68	25	1. M 2 □ F		63	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 1, 1933 New			York
	9e. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY	, TOWN	OR LOCAT	ION OF DE			UNTY OF D	
O. H	23430 F		le Rd.				Sm	ith	sbu	ra		W	ashi	ngton
ᇈ	RESIDENCE OF DEC	10b. COUNT								3		- "	abiii	
DIRECTOR	Md.	l	- 1	10c. CITY,								10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		2111	I UII	sbu						1 TES 2 NO			
FUNERAL	100, AP CODE												TIZEN OF W	HAT COUNTRY?
N.	11. MARITAL STATUS	XV11.	12. WAS DECEDEN	IT EVEN IN	II.O. ADME	-	1 40		217				U.S	
	1 Never Married 2 🙀	Married	FORCES? 1	YES	2 TNO			If yes, sp	ecify Cubi	m, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	Black	— American Indian, , White, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 230 NO Specify: Specify:												White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
	Elementary/Secondary (0		College (1-4 or 5	+)	Ilfe. Do	o NOT use	retired.)		IST OF WORK	ng				
₽			6		Sı	Supervisor					Go	vern	ment	
8	17. FATNER'S NAME (First, M										ME (First, Middle, Maid	en Sumame)		
BE	Isdore G		03								Pollock			
10	Rita M. Ge	,,									Route Number, City or 1			
	20e. METNOD OF DISPOSITI		-	_						Ra	. Smith			
	1 - Buriel 2 To Cremetic	n 3 🗌 Rem	oval from State		PLACE AND					ec.		LOCATION -		
	4 Donation 5 Other  21. SIGNATURE OF PUNERA		ENSEE	-   Sn	nith	sbu	rg	Cre	mat	ory	1996 Sm	iths	buro	.Md.
		-	1	1	~						1 Home	2525	Bra	dbury Ave
	rem	w	1.	av	0							mith	sbur	g.Md.2178
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart fellure. List only one cause on each line.  Approximate interval Batween													
	IMMEDIATE CAUSE (Final													
	resulting in death)  a. Carcuroma of proslate  Due to (on as a consequence of):													
_	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielly liet conditions,  Many leading to immediate  Due to gor as a consequence of:													
CAT	cause. Enter UNDERLYING													
直	CAUSE (Disease or Inju that initiated events		OUE TO	(OR AS A C	CONSEQUE	EQUIENCE OF):								
FE	resulting in death) LAS		4											4
	PART II. Other algnifice	nt condition	s contributing to	death hu	t not read	uitino in	the un	dochulou		olune le l	Boot I Tay una	AN AUTOPSY	Tan	
MEDICAL				douth bo		ording in	the un	uenym	g cause :	given in	PERF	ORMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 _ YES	TO NO		OF DEATH?
	DID TOBACCO U	SE CONITI	DIDLITE TO CA	LICE OF	DEATH	L VEC		10 17	1 11110	FDYAIA				1 TES 2 NO
AN	25. WAS CASE REFERRED TO		CIBUIE IO CA		6. PLACE C				-UNC	EKIAIN	1 🗆			
Sic	EXAMINER?		HOSPITAL:				OTHER	R:	w/-	Aurica I	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	-	8b. TIME	- T	28c. INJ	-	esidence	28d. DESCRIBE NOV	Y INJURY OF	CUBED	
		Pending nvestigation	(Month, D	lay, Year)		INJUI	RY		RK?	NO			0001120	
р ву	2 0 0 1 1 1 1	Could not be	28e. PLACE O	F INJURY	At home,	, farm, atr	reet, fact	ory, office			28f. LOCATION (Street	ot and Numbe	or or Rural R	oute Number,
TED		letermined	building,	www. (Specify	y)						City or Town, Ste	te)		
COMPLET	29a. CERTIFIER CERT	IFYING PNYSI	CIAN: To the best of	my knowled	dge, death	occurred	at the ti	me, date	and place	and due	to the cause(e) end n	anner ee et	444	
8														end menner se stated.
	296, SIGHATUAS AND TITLE									ENSE NUM		_		(Month, Day, Year)
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٩	30. MARKE AND ADDRESS OF	PERSON WHI	O COMPLETED CAUS	SE OF DEAT	IN (ITEM 2	7) (Type, P	rint)		11	, -	, ,		0/10	176
	George New							Напа	rsto	own. N	ld. 21742			
		bar 7 100	G 32. REGISTRA	S SIGNAT	TURED	0.4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
31. DATE FILED THE CONTROL TO 1996 32. TEGISTRAE'S SIGNATURE CONTROL OF THE CONTR														

State of Maryland / Department of Health and Mental Hygiene 96

							Certi	ficate	of	Death			Reg. No.					
	Physic	ian	1. Decedent's Nema (First, Middla, Last) THELMA MARIE (GIFFIN									2. Data of De Month				ima of Death		
\	/Medical						l al Oh Tara						17	1994 0		930		
7	Exami	ner	Washington C				cation of Deat town	h 4c. Co	on									
r	Funeral Director		5. Social Security Number 212-24-3282	6. Sex 1 □ M 2 1 F	-	a (In yrs. last birtl		If Under 1 Months	Yeer	If Under Hours	-	6. Dete of Bi	th Y936 08	9 Birtholace (State of				
Н	D		Usuel Residence of Decedent															
020	Marylar	ctor	MD Wa	shington		10c. City, Town	or Loca	tion	H	Hagers	towr	ı		10d. Inside City Limits 1 □ Yas 2 No				
	it the	Director	10e. Street and Number					10f. Zip C					10g. Citizer	of What Co	untry?			
	23a	Fai	62 Redwood D				40.141			740	1.0.40			USA	1			
	be filed within 72 hours aftar death with the Maryland stall thygiene.  Id other than "natural", or fears 23a or 28a-f show event, the Medical Expirition must be notified as	by Funeral	11. Meritel Stetus  1 Nevar Married 2 Mai  3 Widowed 4 Divorced	1/3/ 0	orces? 2EN Sive			es, specif		Specify:	gin (Sp , Puarto	ecify Yes or No Rican, atc.)		Rece - Ama Bleck, White Decity: W		an,		
2-0	2 hou	ted	15. Decede	nt's Education	41	16e. l	Deceder	nt's Usuei	Occup	ation		1	16b. Kind of Business/Industry					
21215-0020	filed within 7 Hygiene. other then "n	Completed	(Specify only highest grade completed)  Elamentery/Secondery (0-12)  Collaga (1-4or 5+)  Collaga (1-4or 5+)  Nurses Aid							r or work		Hospit	al Re	cove:	ry Room			
pu	be filed tal Hygie d other event, it	Be	17. Fethar's Nama (First, Middle,	•						18. Mothe	r's Nem	e (First, Middle	, Meiden Su	mema)				
Maryland	2 should be filed end Mental Hygis is marked other sumatic event, it	2	Charles Will		3							irginia Louden						
	t 1 and 2 should Health end Mer Iem 27 is marks		19a. Intormant's Name/Reletion Betty Jane S		ight							al Route Numb erstown			Zip Coda)			
Baltimore,	00 -		20a. Method of Disposition	2 Domewelfrom	- Ctata	20b. Piece of cematary	Disposit , crama	ion (Neme	of er ple	ce)		Dete	20c. Loca	tion - City or	or Town, Stete			
											De	ec. 20	Sharp	sburg	, Ma	ryland		
	permit. Peg Department Important: If any Injury o		21. Signature of Funarei Service Licensee  22. Name and Address of Facility Douglas A. Fiery Funeral Home															
_	40140		1331 Eastern Blvd N., Hagerstown, MD 21742															
	Physician		23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart injura. List only an existing a superior of the															
	/Medical	iner	Immediata Cause (Finel												him			
	Examiner		Immediata Cause (Finel disease or condition resulting in death)  e. Myo City disease or the properties of the properties															
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•	certificate be executed ding physician end ise es the buriel-transit	Examiner	Cause, Citter Oricentying															
68760,	sician bourie												i					
	ifficating phy	<b>ledical</b>	resulting in death) Lest  Due to (or es e consequence of):											1				
Box	6.3	an/M		d										i				
O. E	the at	Physician	Pert II. Other significant conditi	ons contributing to	death bu	it not resulting in	the unde	erlying cau	ise giv	en in Pert I.		23b. Dld	tobacco us	s contribute	to the c	nuee of death?		
σ.	law requires thet the death es been signed by the atter 2 should be detached for a		ganever	1041	0	holec	4	11	1,	1		1 Yss 2 No 3 Probably 4 Unkno						
ds	uires Id be	d by			-							24a. Wes	en autopsy	24b.	Were aut	opsy findings		
CO	w requ	Completed										perfe	ormed?		available	prior to on of cause		
Re	0 - 0	mo										10	Yas 201		1 □ Yes	2 No		
of Vital Records,	ysician: The	Bec	25. Wes case refarred to medica axaminar?	ıi						26. Place	of Deat	h (Check only						
> t V	Physician: this certific ral director,	2	1 ☐ Yes No	Hospitel:	Anpatler	nt 2 ER/Out	patient	3□ DOA		4∐ Nu	rsing Ho	me 5□Res	dence 6 [	Other (Spe	cify)			
	h. After t funera	inol	27. Manner of Death 1 ☑ Naturel 5 ☐ Pandi		of Injur	Year) 28b. Ti	me ot jury		. Injur Wor			28d. Dascribe	how injury o	ccurred				
Division	deat ctor: y the	ficat	2 Accident Investi	not be no Dice	a of Inju	ry - At home, ten	m etraal	M		Yes 2□I		28f. Location (	Straet end I	Jumber or Ri	iral Route	Number		
Die	s effer Direction	Certification	4 ☐ Homicida detam		ding, etc	. (Specify)	iii, atroai	, tactory,	omoo			City or To	wn, Steta)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, vaniou,		
	To the Hospital or Attending within 24 hours efter death.  To the Funeral Director: After completely filled in by the fune	edical (	29e. Cartifier 1 Certifyie (Check only one) 1 Medical	ng Physician: To the Examiner: On the bend man	a best of basis of nner ste	examination and	death or /or invas	ccurred et itigation, li	the tin	ne, data en pinion, daal	d place, th occurr	and dua to the ed at the time,	ceuse(s) en deta end pi	d manner as ece, and dua	stated.	ause(s)		
	Withi To th	X	29b. Signetura and title of cartific	1 0	/	) (		29c. I	icans	a number	21		Δ.	igned (Mont		ear)		
			will	1/m	9	an 1		. 1	י כ	460	21		Dect.	1,5-	19	1946		
			30. Name end address of person	who completed cau	ise of de	eth (Item 23a) (T	ype, Pri	nt)		Har	or	<to< td=""><td>110</td><td>mo</td><td></td><td></td></to<>	110	mo				
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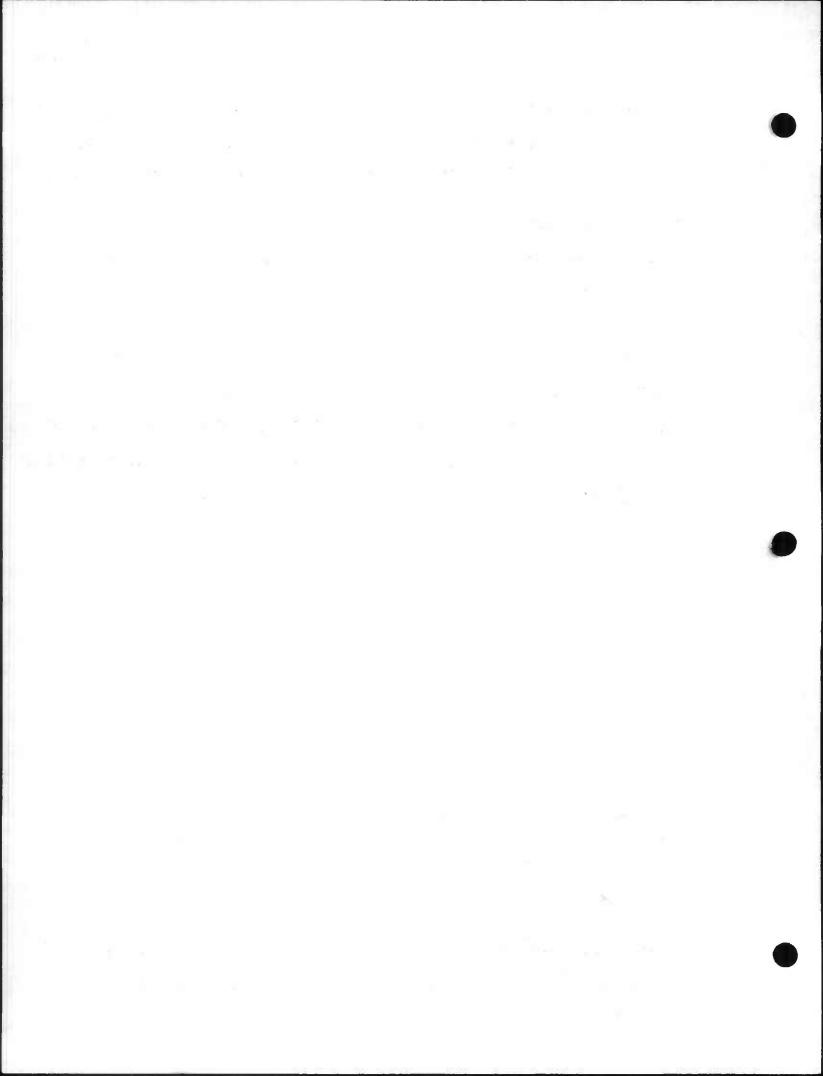
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Dec BETTY MAE 951 **GROSS** /Medical 4c. County of Deeth 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** Deys 1□M 21XF Director 69 Yrs. 217-28-7379 JULY 18, 1927 MARYLAND Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or harmany injury or other traumatic avent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director MARYLAND WASHINGTON BOONSBORO 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 36 HIGH STREET 21713 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 25 No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Merital Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be DAVID FRANKLIN GALLION SR. DELLA B. MARR 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALVIN L. GROSS/HUSBAND 36 HIGH STREET, BOONSBORO MARYLAND 21713 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removal from Stete 12/20/96 4 ☐ Donation 5 ☐ Other (Specify) BOONSBORO CEMETERY BOONSBORO , MARYLAND 21. Signature of Fyneral Service Licensee 22. Name end Address of Facility 7606 Old National Pike Paul M. Dean BAST FUNERAL HOME 21713 Boonsboro, Maryland 23a. Parfl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsel end Death Physician fmmediate Cause (Final disease or condition resulting in death) /Medical a. Acute Myscardial Inturction
Due 16 (or es a consequence of): Examiner Examiner physician and s the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enfer Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760, herscleros ears Physician/Medical Due to (or as a consequence of): 88 signed by the attending the detached for use as ension Part it. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No congestive cardiomyopathy Records. 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Diabetes Mellitu Cerebrovascular Accident 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitei: 1 ☐ Inpatient 2 ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P this 28c. Injury at Work? 27. Menner of Death Certification: 28b. Time of 28d. Describe how injury occurred To the Hospital or Attanding P within 24 hours after death.
To the Funeral Director: After 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

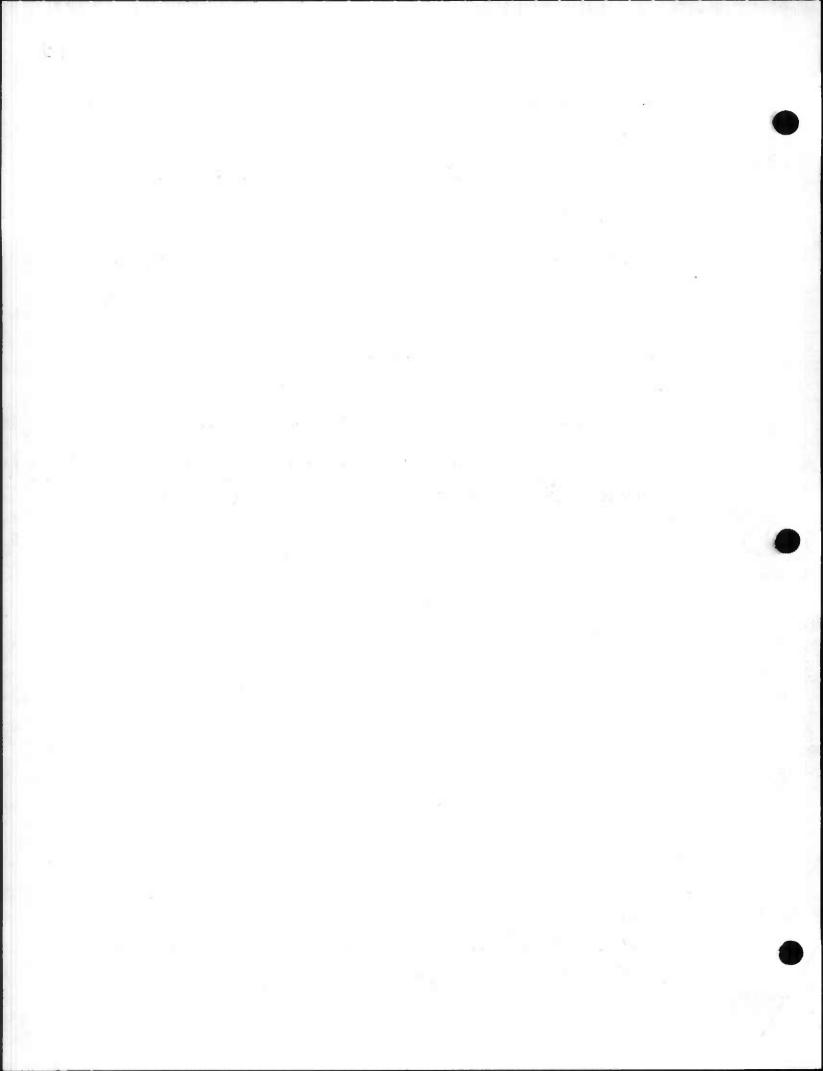
| Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Certifier (Check only 29b. Signature end title of certifler 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) , M. D. St., Hagerstown, Md. 21740 Hood Register's Signeture 31. Date filed (Month, Dey, Year) DEC 1 9 1996 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 390 | 9

					Cer	tificat	e of	Death		R	eg. No.			
		1. Decedant's Neme (First, Middle, Las								2. Date of Deet	th		3. Time	e of Deeth
Physic		Birdie Irene Gost	nell							Month Dec.	Dey 14, 1	996	12.	21 PM
/Medi Exami		4e. Fecility Name (If not institution, give	street end number)					4b. City, To	wn, or Lo	ocation of Deeth	4c. County		12.	ZI III
LAGIII	1161	Golden Age Guest H	·					Sykes			Carr			
Funaval		5. Sociel Security Number 6. Se		e (In yrs. lest bii	rthdev)	If Under	1 Yee			8. Dete of Birth			alana (Cta	An P!
, Funerai Director	_		☐ M 2 🔀 F		Yrs.	Months	Deys		Min.	Sept.	Year)		rylan	te or Foreigi d
Is 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mantal Hygiene.  If Health and Mantal Hygiene.  If Health and Mantal Hygiene "netural", or items 23a or 28a-f show other traumatic event, the Medical Examinet must be notified at	-	10e. State 10b. County		10c. City, Tow	n or Loc	cation						1		City Limits
88 P	Directo	Maryland Carroll		Sykesv	7111	e							1 🗆 Y	es 2 No
\$ 2 0 E	D L	10e. Street end Number				10f. Zip	Code			1	0g. Citizen of	Whet Cour	ntry?	
23a	8	1442 Buckhorn Rd.				217	784				United	Stat	es	
9 4	Funeral	11. Maritel Stetus	12. Was Decedent I Armed Forcas?	Ever in U,S.	13. W	Ves Dece	dent of	Hispenic Orl	gin? (Sp	ecity Yes or No- Rican, etc.)		e - Americ		,
or it	F	1 Never Married 2 Merrled	1 ☐ Yes 2 🔀 N	No					, rueito	nican, etc.)		ck, White,		
Surs in .	by	3X Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1	☐ Yes	2.KJ No	Specify:			Specif	y: Whi	.te	
2 ho	Completed	15. Dacedent's Edu		16e.	Deced	ent's Usua	al Occu	petion			16b. Kind of B	usiness/Inc	dustry	
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nd 2 should be file Ith and Mantal Hy 27 Is marked othe traumatic event.	o Be	Jerome Wagner								aines		,		
d Me	To	19a. Informent's Neme/Ralationship (T	Dian	101										
12 she h and r Is m										el Routa Number			Code)	
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Pag nent ent: II		4 ☐ Donetion 5 ☐ Other (Specify)		Morgan	Cha	apel	Cen	eterv	De	c.17,199	6 Wo	odbin	e. M	D
permit Pages 1 er Department of Hea Important If Item 2 any Injury or other once.		21. Signature of Funeral Service Licens	ева	1						rier-Que				
50 L 6	Ш	1 James &	Cor	rese					Win	field. N	n 2178	ty Rd		ctors
Physician		Part. Enter the disease, or composition of heart feilure. List only of	lications that caused ne ceusa on eech lin	the doesn't be	not ente	r the mod	e of dyi	ng, such es	cardiec d	or respiretory erre	est,		Approxim Interval E Onset an	Between
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an a		Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		,		,								
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he d the	ysi	Part II. Other significent conditions con	ntributing to death bu	t not resulting in	the unc	derlying ca	ause gr	ven in Pert I.		23b. Did to	bacco usa co	ntribute to	the caus	a of death?
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neen	Completed									24a. Wes an perform		ave	elleble pric	
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cartificate	Be C	25. Was cesa raferred to medical						26 Place	of Deet	(Check only one				
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ding Phys h. After this funeral d	Ë	27. Manner of Death	28a. Dete of Injun	/ 28b. T	ime of		Bc. Inju Wo			28d. Describe ho			,	
ding h. Afte	tior	1 Netural 5 Panding Investigation	(Month, Day		njury	М		rk? Yes 2⊡N			windly boods	00		
i or Attending after death. Director: After d in by the fune	Certification:	3 Sulcide 8 Could not be	29a Piece of Injur	ne. At home for	m otro					20f Location /Cts	and and Alicente		I Danie M	
or after	Ē	4 ☐ Homicide determined	28e. Piece of Inju- building, etc.	(Specify)	mi, str <del>oc</del>	et, rectory	OHICE		'	28f. Location (Str City or Town	, State)	er or Hurer	Houte N	um <i>oer</i> ,
pital praf i		00-0-45	1											
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To the Hospital or Atlanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral			end menner stet	ød.		90.011	,	, Guidti	. 5500110	_ or are unter de	uno piace, (	GGG (0	eduse	-(e)
5 1 5 P	Σ	29b. Signature and this of certifier				29c.	Licens	e number		29	d. Dete signe	1 (Month, E	Day, Year)	)
		Fallely M	ruces	9			1)70	0806			12/16	196		
	1	30. Neme end address of person who co	mplated cause of da	eth (Item 23a) (	Type, Pr	rint)		000			1	, , ,		
		1/1 22	RNOS	1420	/	IRKL	74	PA	E	LDERSB	1105 11	un	2/7	sy
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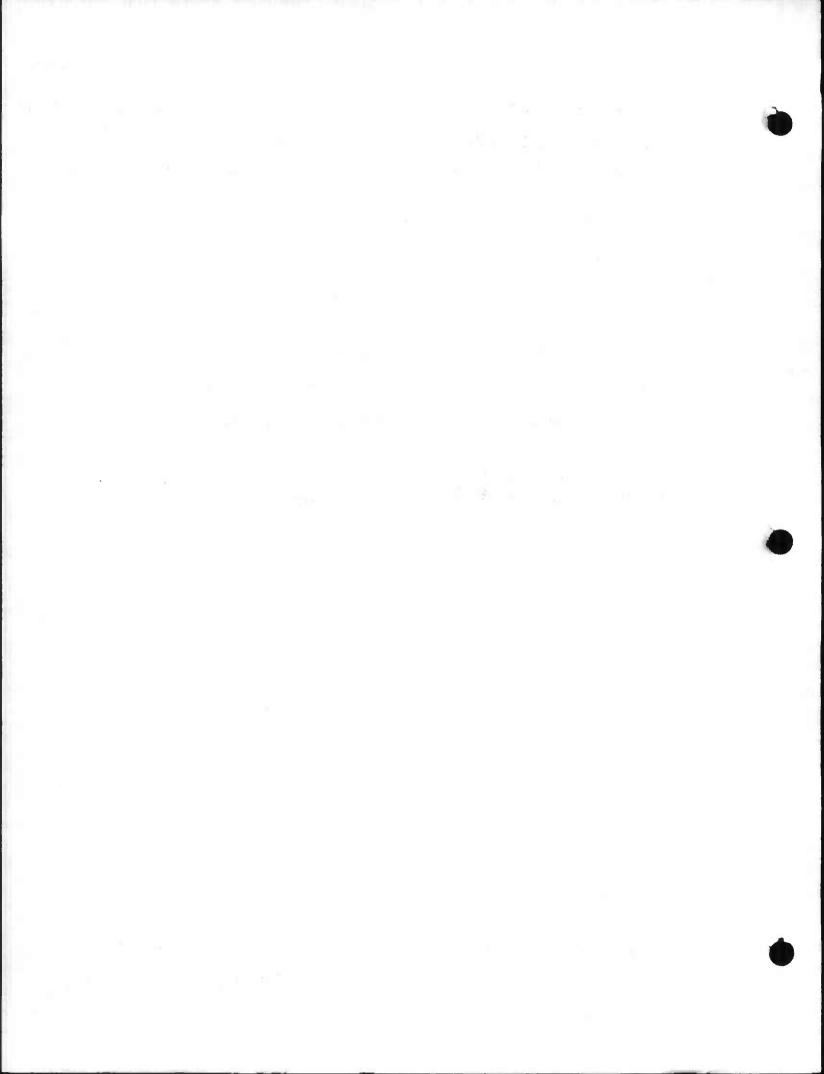
State of Maryland / Department of Health and Mental Hygiene 95

39020

						Cert	ificate	e of	Death			Reg. No.				
			1. Decedent's Neme (First, Middla, La	st)							2. Dete of D	eeth			3. Time of	Deeth
	Physici		Ogden Clinton Gr	aham							Decemb	er 1	1, 19	96 96	4:37	P.M.
	/Medic Examir		4a. Fecility Name (If not institution, give						4b. City, To	wn, or Lo	ocation of Das		County o			
	LAUIIII		Frederick Memor	ial Hospital	L				Frede	rick	7	Fr	eder:	ick		
r	Funeral		5. Social Sacurity Number 6. S	Sex 7. Aga (//	n yrs. lest birti	hday)	If Under	1 Year	if Under	24 Hrs.	8. Data of B	irth		O Riethol	eca (State d	or Foreign
	Director		212-38-6752 Usuel Residence of Decedent	1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7	rs.	Months	Deys	Hours	Min.	Nov. 1	3, 19	909 L	A.	lry)	
	yland		10e. Stete 10b. County	10	c. City, Town	or Loca	ation							10	d. inside C	ity Limits
	Mar Per	ģ	MD Frederi	ck	Freder	rick									1 Yes	2□No
	# 128 28 7	ie e	10e. Street end Number				10f. Zip	Code				10g. Citi	zan of Wi	hat Count	try?	
	th wil	aic	901 McLendon Dr	•			21	702				U.S.	Α.			
	dea	Funeral Director	11. Maritei Stetus	12. Wes Decedent Eve Armed Forces?	r in U,S.	13. W	as Decede	ent of h	Hispenic Ori	gin? (Sp	ecify Yas or N Rican, etc.)	0-	14. Rece	- America		
0	or h	F	1 ☐ Nevar Married 2 ☑ Married	1 ☒ Yas 2 ☐ No It Yes, Give			Yes 2				Tilouri, oto.,		Specify:	, vvriita, c	atG.	
00	iral.	d by	3 Widowed 4 Divorced	Yaer or Datas: 19	28-58				Opcomy.				эреспу.	Whi	te	
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, or Medical Examine must be notified at once.	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	16a.	(Give ki	nt's Usual nd of worl	k done	during mos	t of work	ing	16b. Ki	ind ot Bus	inass/Ind	ustry	
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7	d Me d Me mark	T <sub>o</sub>	Alpheus Graham  19e. Intorment's Neme/Reletionship (	Time Printl	106	Moiling	Address	/Ctrans			ai Route Num			Note 7in	Codel	
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è			23e. Pertil. Enter the disease, or com shock, or heert teilure. List only	one ceuse on each line.	deeth. Do h	ot enter	the mode	a or dy	ng, such as	cardiac	or raspiratory	arrast,			Approximat Intervel Bet Onsat and I	ween
	Physician /Medical		Immediete Cause (Fine)	1 -	1		_	1			+1			1		1
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o`	an ar	EX	Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying		(1)									i		
68760,	ata be nysici	lica	Ceuse (Diseese or Injury thet initieted events resulting in deeth) Last	C. Due	to (or es e co	onsequa	ance ot):									
9 ×	ertificata be axecuted ling physician and se as tha burial-transit	Medical		d												
Bo	ath ce ttand or us	lan/		0.												
P.O.	tha a	Physician	Pert II. Other significant conditions of	ontributing to death but n	ot resulting in	the und	lerlying ca	use gi	ven in Pert i		23b. Die	tobacco	use cont	tribute to	the cause o	of death?
σ.	Tha law requires that tha death certificata be axecuted at his been signed by the attending physician and page 2 should be detached for use as the bunal-transit	Ph	Drabetik mell	itur, mali	dero.	2	test				10	Yes 2	No :	3 ☐ Prob	ably 4	Unknown
Records,	sign d be	d by	0 0 - 0	-				,			24a Wa	s an autop	201	24h We	re eutopsy f	findings
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Re	a law has	Completed	4 11	1.12-12.									4		leeth?	
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0	oding ith. : Afta a fun	ation	1 Neturei 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Ye	ear) In	jury	М		rk? ∣Yes 2⊟	No						
Division of Vital	Atter ector by th	Iffica	3 ☐ Suicida 6 ☐ Could not b	286. Piece of injury	At home, ter	m, stree	et, fectory,	, office			28t. Location	(Street en	d Number	r or Rural	Route Num	ber,
ō	s afte	Certification:	4 🗆 Nomicide	building, etc. (S	ор <i>ес</i> пу)						City or 1	own, Stete	)			
	To the Hospital or Attending Physician: Tha I within 24 hours after death.  To the Funeral Director: After this certificata his complately filled in by the funeral director, page	edical (	29e. Certifier 1 Certifying Ph	ysician: To the best of m	y knowledge,	deeth o	occurred e	t the ti	me, dete en	d plece,	and due to the	cause(s)	end men	ner es st	ated.	
	the H in 24 the F	Pa	Griej	end manner steted	·	/OI IIIVa				th occurr	ed et the time					)
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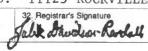
						Certificate of	of Death		Reg. No.	0 ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			1. Decedent'a Name (First, Middle, Li	ast)				2. Dete of De Month		Vana	3. Time of Deeth
	Physici /Medi		JAMES H	ENRY	GOODWI	I N		12	07 1	996	1:30 PM
	Examir		4a. Facility Name (If not institution, gi	ve street and number)			4b. City, Town, or L	ocation of Dee	th 4c. County	of Death	
			Mariner Health	Nursing Ho	ome		Clinton		Prin	ce G	eorge's
	Funeral			Sex 7. Ag 1 ☑ M 2 ☐ F	e (In yrs. last bin	Months Da		8. Dete of Bi (Month, D	rth av. Year)	9. Birthp	place (State or Foreign
	Director		370-10-3043	TESM 2LIF	_77	Yrs.	,	06 1		Vir	ginia
	and w		Usual Residence of Decedent  10e. Stete 10b. County		10c. City, Town	or Location					10d. Inside City Limits
	Aerylan I show	ō	Maryland Prince (	Senrae s	Clin						1 Yes 2 No
	the Merylau 28m-1 show notified at	Director	10e. Street and Number	icorge 5	0111	10f. Zip Cod	•		10g. Citizen of V	What Cour	oto?
	with the control of t	ğ	9211 Stuart Lan	ے		207			U.S./		my r
	Seeth	Funerai	11. Maritel Stetus	12 Was Decedent	Ever in U.S.			pecify Yes or N			can Indien,
Maryland 21215-0020	72 hours efter deeth with the Meryland natural', or items 23a or 28a 4 show dical Example must be notified at	þ	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces?  1 A Yes 2 1  If Yes, Give + Yeer or Dates.	No U8/41	If Yes, specify C	of Hispenic Origin? (Spuban, Mexican, Puerto No Specify:	Rican, etc.)		ck, White, /: Blac	
5-0	72 hours	Completed	15. Decedent's E (Specify only highest gr	ducation	18a.	Decedent's Usual Oc	cupation ne during most of work	kina	16b. Kind of Bu	ualness/In	dustry
21	C .	npie	Eiementary/Secondary (0-12)	College (1-4or 5	5+)	life. DO NOT use ret	tired)	ning	Dwinz	+-	
2		S	8th			Cook			Priva		
P	8 4 5 8	Be	17. Father'a Name (First, Middle, Las				18. Mother's Nam			10)	
yla	should be nd Mental I marked of	To	James Goodwir					Holid			
Mar	C/ 60 mm		19a. Informant's Name/Relationship	**			eet and Number or Ru				
			Patricia A. Coop	er/Niece	14	140 Chesap	eake Beach				
or	ges 1 a if of Hee if Itam or othe		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Removel from State		Disposition (Name of y, crematory or other)		12/13	20c. Location -		
‡	tment tant:		4 Donation 5 Other (Special		Mary	and Vetera		1996	Chelten	ham,	Maryland
Baltimore,	permit. Page: Department of Important: If I any Injury or ance.	, J	21. Signature of Funerei Service Lice	_ 1 .		22. Name end Ad	dress of Fecility NKINS FUNE	RAI HOM	F		
0_	00 = 6 0		Nancy A.			7474 La	ndover Rao	d. Land	over, Ma	aryla	nd_20785
			23a. Part1. Enter the dise se, or con shock, or heart fallure. List only	plications that caused one cause on each li	the death. Do r	not enter the mode of	dylng, such as cardiac	or respiratory	arrest,		Approximate Interval Between
	Physician										Onsel and Deeth
4	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	e	arcir	oma o	f Colo	n coi	th me	15.	months
		<u>.</u>	resulting in death)		Due to (or as a	consequence of):					
	b iii	Examiner		b		<u>-</u>					
	icate be executed physician and s the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate		Due to (or as a	consequence of):					
09	be e iclan burie	a	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	c							
68760,	phys the	edicai	that initiated events resulting in death) Last		Due to (or es a c	onsequenca of):				i	
	\$ 00	5	L.	d							
Box	v requires thet the death cer been signed by the attendir should be detached for use	Physician/									
P.O.	y the check	ıysi	Part It. Other significant conditions	•		the underlying cause	given in Part I.				o the cause of death?
σ.	thet deta	4	A	nomie				1	Yee 2 No	3 Pro	bably 4 Unknown
sp.	requires thet tha een signed by th hould be detache	Completed by		nound	~1			24a. Was	an autopsy	24b. W	are eutopsy findings
00	beer beer shou	ete	7	mounuit	es,			perf	ormed?	av co	allable prior to empletion of cause
Re	iclan: The law of certificete has birector, page 2 si								~		death?
ā	icete he								Yes 2DXNo	11	Yes 2 No
Ξ	certif	Be	25. Was case referred to medical examiner?	Hospital:			26. Place of Dee				
of	Phys ral d	2	1 ☐ Yes 2 ②No 27. Manner of Death	1 L Inpatie		tpatient 3LI DOA	4 JZS Nursing H		how injury occur		y)
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S	deet ctor: y the	Ca	3 ☐ Sulcide 6 ☐ Could not b	e con Dines of Ini	ury . At home fe	rm, street, factory, offi		28f Location	(Street and Numb	er or Rug	al Route Number
Division of Vital Records,	or A after Direct	Certification:	4 ☐ Homicide determined	building, etc	. (Specify)	m, ander, radiory, one		City or To	wn, State)		
	ours ours ours filled	C	29a. Certifler Certifying Pi	valcian: To the best of	of my knowledge	death occurred at the	time, date and place,	and due to the	cause(s) and ma	nner as s	tated
	To the Hospital or Attending Physician: within 24 hours after deeth.  To the Funeral Director: After this certifical completely filled in by the funeral director.	edicai	(Check only 2 Madical Example one)	niner: On the basis of and manner sta	examination end	Vor Investigetion, in m	y opinion, death occur	rred at the time	date and placa,	and dua to	the cause(s)
	o the	Me	29b. Signature and title of certifier	+10		29c. Lice	ense number		29d. Dete signe	d (Month,	Dey, Year)
			•	gall		0.	46478		12-10	96	
	(1)	-	30. Name and eddress of person who	completed cause of d	eath (item 23e) /	Tuno Print\					
	171		7501 Surrat			302.	dinton.	MA	2073	5	
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registre			-11(1101)	1119			- 1 -5 1
	Registr		DEC 12 19	96 Shid	er's Signature	relate					
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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

				Certific	ale UI	Dealli	P	leg. No.		
sician	Decedant's Name (First, Middle,						2. Date of Dea Month		Yeer	3. Time of Death
edical	CHARLIE						DECEMBE!	R 9;1996	)	7:40am
miner	4a. Facility Name (If not institution, g			TON CENT		4b. City, Town, or I		4c. County		**
	FOX CHASE NURSIN  5. Social Security Number  6			1 47	nder 1 Year	SILVER SI			GOMER'	
ai or	230-18-4362 Usuat Residence of Decadant	Sex 7. A	Age (In yrs. las	Yrs. Mon			8. Dete of Birth (Month, Day Sept, 1(	, Year)	VIRG	ace (State or Foreig TNIA
tor	10a. State 10b. County VIRGINIA			Town or Location IPTON				- 1	10	Od. Inside City Limit
I Director	10e. Street end Number 137 WOODLAND ROA	.D		10f	Zip Code 236	669	1	Og. Citizen of W	/het Count	ry?
by Funeral Director	11. Marital Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 ☐ Yes 2 ② If Yes, Give Year or Dates	? No			Hispanic Origin? (Span, Mexican, Puerli Specify:	pecify Yes or No- o Rican, etc.)		- America k, White, e	itc.
pet	15. Decadant's (Specify only highest of	Education		16a. Decedent's	Usual Occu	pation during most of word	tine	16b. Kind of Bu	stness/Indu	ustry
Completed	Elamantary/Sacondary (0-12) 6th	Collage (1-4or	r 5+)	TRUCK			king	PRIVATI	Ε	
To Be (	17. Father's Name (First, Middle, La WILLIAM THOMAS G	*					ne (First, Middle, I		9)	
	19a. Informant's Name/Retationship JAMES A GRIFFIN					t and Number or Ru EVENS DRIV				
	20a. Method of Disposition			ce of Disposition	(Name of or other pla	ice)	Dete	20c. Location -	City or Tow	vn, State
	1 Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec			TH'S CEN	<b>IETERY</b>	12,	/13/96	HAMPTON		
\$300	21. Signature of Funerat Servica Lic	ansee Lange	15			EDY ST., 1				
	23a. Part1. Enter the disease, or co shock, or haart failure. List on	mplications that cause ly one cause on each	ed the deeth. line.	Do not enter tha	moda of dy	ing, such as cardiac	or respiratory arr	est,		Approximate Intarval Between Onset end Death
r r	Immediate Ceuse (Finat disease or condition resulting in death)	a. CHRONI		AL INSFF]		CY			M	ANY YEARS
ner				as a consequence	1017.				M	ANY YEARS
		HYPERT	ENSION	1						
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Ilcai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	b. ————	Due to (or a	is a consaquanca						ANY YEARS
Medical	trial initiated events	b. ————	Due to (or a	as a consequence						
Physician/Medical	trial initiated events	DIABET	Due to (or a	is a consaquanca LLITUS s a consequence	of):	ven in Part I.	23b. Did to		M.	
by Physician/Medical	resulting in death) Last	DIABET	Due to (or a	is a consaquanca LLITUS s a consequence	of):	ven in Part I.		es 20No	tribute to 1 3 Probe 24b. War	ANY YEARS
by Physician/Medical	resulting in death) Last	DIABET	Due to (or a	is a consaquanca LLITUS s a consequence	of):	ven in Part I.	1 □ Y	in eutopsy med?	tribute to 13 Proba	ANY YEARS  the cause of death ably 4 Unknow re autopsy findings liable prior to
Be Completed by Physician/Medical	Part II. Other significant conditions  25. Was case referred to medicat examinar?	DIABET c. DIABET d. contributing to death	Due to (or a	is a consaquanca LLITUS s a consequence	of): ng cause gi	26. Placa of Dea	1 Ye 24a. Was a periori	in eutopsy med?	M. M. Stribute to a superior of did to a superior o	the cause of death ably 4 Unknown ra autopsy findings liable prior to apletion of cause eath?
To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Was case referred to medicat examinar?  1 □ Yes 2 □ No	DIABET c. DIABET d. contributing to death	Due to (or a	is a consequence LITUS s a consequence ing in the underlying	of):  ng cause gi	26. Placa of Dea her: ≱¥Nurshg H	1 Ye  24a. Was a perform  1 Ye  th (Check only on one 5 Reside	es 2 No	M.  Stribute to (3) Probe  24b. War eval com of de 1)	the cause of death ably 4 Unknown ra autopsy findings liable prior to apletion of cause eath?
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Certification: To Be Completed by Physician/Medical	25. Was case referred to medicat examinar?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investigate 3 Suicide 6 Could not determine	DIABET  c.  DIABET  d.  Hospital: 1 tnpati  28a. Date of inj (Month, Di  28b. Place of Insert of the control of	Due to (or a TES MEL  Due to (or a Due to (o	as a consequence  LITUS  s a consequence  as a c	of):  ng cause gi  DOA Ot  28c. Inju Wo 1 Cotory, offica	26. Placa of Deaher: All Nursing Hirk?  I Yes 2 No	1 Ye  24a. Was a perform  1 Ye  th (Check only on ome 5 Pestde 28d. Describe ho  28f. Location (St. City or Town	in eutopsy med?  ses 2 No	M.  24b. War evaluation of dispersity) and are or Aural on the state of the state o	the cause of death ably 4 Unknown ra autopsy findings liable prior to appletion of cause eath?  Yes 2 No  Route Number,
To Be Completed by Physician/Medical	25. Was case referred to medicat examinar?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investigati 3 Suicide 6 Could not determine (Check only one)  29a. Certifier (Check only one)  29b. Signature end title of certifler	Hospital: 1 tnpati 28a. Date of Inj (Month, Did 28e. Place of Institution, etc.)	Due to (or a TES MEL  Due to (or a Due to (o	as a consequence  LITUS  s a consequence  as a c	of):  ng cause gi  DOA Ot  28c. Inju  Wo  1 ctory, offica  red at the ti tion, in my of	26. Placa of Deaher: Thurstog H	1 Ye  24a. Was a perform  1 Ye  th (Check only on one 5 Pestde 28d. Describe ho  28f. Location (St. City or Town  and due to the cared at the time, di	in eutopsy med?  ses 2 No	M.  24b. War eval common of did or (Specify) and arror Rural or (Month, D.)	the cause of death ably 4 Unknow re autopsy findings liable prior to pipelion of cause eath?  Yes 2 No  Route Number, atted. the cause(s)  Pay, Year)

Registrar

DEC 11 1996



1000		1. Decedent's Name	(Eirst Middle Las	·e1			imour	0,	200111	1 0 Date of D	Heg. No.		C Thursd Door
Physic	ian	1. Decedent's Ivalle (	(i ii si, iviloule, Las	11)						2. Date of D Month	Day	Yeer	3. Time of Death
/Med		EUGENE	RUFUS	GREENE						DECEM	BER 2, 1	996	7:30PM
Exam	ner	4a. Facility Name (If n	not institution, give	street and number	r)			- 1	4b. City, Town, or	Location of Dea	th 4c. Coun	ty of Death	
		VA Maryl	and Heal	th Care	System				Perry I	Point	Cecil		
Funera		5. Social Security Nun	mber 6. Se	9x 7. A	Age (In yrs. la:		If Under		If Under 24 Hrs.			9. Birth	place (State or Foreign
Directo		577 28 08	815	OM 20 F 7	4	Yrs.	Months	Deys	Hours Min.	Oct 31	1022		ington,D.C
B		Usual Residence of D								OCC 31	1,722	Wd3II.	Ingcon, D.C
anylan show		10a. State 1	10b. County		10c. City,	Town or Lo	cation						10d. Inside City Limits
the Mar 28a-f si	to	Virginia	Arlingto	on	Arli	ngton							1X Yes 2□No
the Mi	9	10e. Street end Numb	oer				10f. Zip	Code			10g. Citizen of	What Cor	intry?
th with 23a or	O	2201 0 1		ъ . п			00	000					
seth w	Funeral Director	2301 S. J	errerson	12. Was Deceden		12 1		202	lianania Orlain? (C	anaite Van an N	United		es icen Indian,
after dee	5		. O . Marriad	Armed Forces	?	13. 4	Yes, spec	ify Cuba	lispanic Orlgin? (S an, Mexican, Puert	o Ricen, etc.)	BI	ack, White	
20 20 s aff	by F	1 ☐ Never Married 3 ☐ Widowed 4		YYes 2□ If Yes, Give	J NO	1	☐ Yes 2	No No	Specify:		Spec	ify:	
21215-0020  d within 72 hours after deeth with the Maryland glena. If than "natural", or items 23s or 28s-f show if the Modical Examiner must be notified at	D		Λ	Year or Detes:								Blac	
72 ho	Completed	(Specify	<ol> <li>Decedent's Edu only highest grad</li> </ol>	ucetion de com <i>pleted)</i>		16a. Deced (Give	kind of wor	k done	during most of wor	rking	16b. Kind of I	3usiness/Ir	ndustry
2121 d within giena. r than "	E E	Elementary/Second	lary (0-12)	College (1-4or	5+)	life. L	OO NOT us	e retired	d)				
d 2 filled v Hygie ther th	ပ္ပ	12				Tech	. Sar	gear			U.S. A		orce
Maryland 2 d 2 should be filed v h and Mental Hygie 7 is marked other t traumetic event, in	Be	17. Father's Name (Fi	irst, Middle, Last)						18. Mother's Ner	me (First, Middle	e, Meiden Suma	me)	
rylan nould be i Mental marked o	2	Eugene	Greene						Jessie	A. Barr	nes		
Aar and and ls me	1	19a. Informant's Nam	e/Relationship (7)	ype, Print)		19b. Maiiin	g Address	(Street	end Number or Ru	ral Route Num	ber, City or Town	n, Stete, Zi	ip Code)
ire, Maryland s 1 end 2 should be filed f Health and Mental Hys item 27 is marked othe other traumetic event,		E. Christ	opher Gr	eene (so	n)	2301 .	Jeffe	rson	n Davis H	Highway	Arling	ton,	VA 22202
Ore of He of He		20a. Method of Dispos			0.00	oe of Dispos	sition (Nam	ne of	201	Date	20c. Location	- City or T	own, State
		1 Burial 2 0 4 Donation 5		Removal from State	0					010106			
Baltimore, N pemit. Pages 1 end Department of Health Important: If Itam 27 any lojury or other tr once.		21. Signature of Fune			Arli	-			1 Cem. 1	12/9/96	Arlingt	on,	Virginia
Ball permit Department		21. Signature of Pulle	al Service Licens	1_	2000				S. POPE	ELIMED V.	HOMES		
		114 4	1 gu	8	M859	5.1	PEVVII	DEK 2 T L	D. PULL	FORENA	L HOPES	N. 1	207/7
THE REAL PROPERTY.		23a. Part1. Enter the shock, or heart for	disease, or comp	licetions that cause	ed the deeth.	Do not ente	r the mode	e of dyin	ng, such as cerdiad	or respiratory	arrest,	nd.	20747 Approximate Interval Between
Physician													Onset end Death
/Medical		Immediate Cause (Fir diseese or condition	nel	Non-Ho	dakint	o Tyrms	homo						_
Examiner	ш	resulting in death)		a. NOH HOU	Due to (or e								5years
	ē						uerice oi).						
uted Insit	盲			b. Thyroic			, ,					1	llyears
Box 68760, eath certificate be executed attending physician and for use as the buriel-transit	Examiner	Sequentially list condi if any, leading to imme cause. Enter Underly Cause (Disease or thi	itlons, ediate		Due to (or a	s a conseq	Jence of):					1	
Box 68760, ath certificate be ex- trending physician or use es the burie		Cause (Disease or this thet initiated events	ury -	C								1	
S the	an/Medical	resulting in death) Las	st		Due to (or a	s a consequ	ience of):						
X	8			d								1	
Bo ath a													
hat the death ed by the atter detached for u	Physici	Part II. Other significa	int conditiona co	ntributing to death I	but not resulti	ng In the un	derlying ce	ouse giv	en In Pert I.	23b. Dio	tobacco uae c	ontribute f	to the cause of death
P.C	Phy									1□	Yee 21 No	3 Pro	bably 4 Unknow
S, F as the signed be de	by												
requiras											s an autopsy	24b. W	Vere autopsy findings
cord  w require been s should	et									реп	ormed?	CC	vallable prior to ompletion of cause
Record he law require has been signa 2 should t	Completed												deeth?
_ F & a.										10	Yes 2 No	1	☐ Yes 2☐ No
of Vital I Physician: The this certificate ral director, pag	Be	25. Wes cese referred examiner?							26. Place of Dea	ath (Check only	one)		
Of Physic this cral din	2	1 ☐ Yes 2 ☑ No	<u>'</u>	Hospital:	lent 2 EF	?/Outpatient	3□ DO.	A Oth	er: 4 Nursing H	lome 5 Res	idence 8 🗆 Ot	her (Speci	ify)
on o aling Ph h. After th funeral		27. Menner of Deeth	5 Pending	28e. Dete of Inju (Month, De	ury 20	Bb. Time of Injury	28	Bc. Injun Wor	y et k?	28d. Describe	how Injury occu	rred	
Division or Attending after death. Director: After d in by the fune	atic	2 Accident	Investigation			,,	М		Yes 2 □ No				
Oivision or Attendate deati	1	3 ☐ Sulcide (	6 Could not be determined		jury - At home	e, farm, stre	et, factory,	, office				ber or Rur	ral Route Number,
Div A safter Direct din by	Certification:	4 LI HORRICIO		building, e	tc. (Specify)					City or To	wn, Stete)		
To the Hospital within 24 hours a To the Funeral I completely filled		29a. Certifier 15	Certifying Phys	elcian: To the best	of my knowle	dge, death	occurred a	t the tim	ne, date and place	and due to the	cause(s) and m	anner as	stated
24 to Full	edical	(Check only 2	Medical Exami	ner: On the besis of and manner st	of exemination	and/or inv	estigetion,	tn my o	ptnion, deeth occu	rred at the time	, date end plece	, and due t	to the ceuse(s)
To the vithin 2 To the comple	Me	29b. Signature end title	e of certifier				29c.	License	e number		29d. Dete sign	ed (Month	Day Year)
8484		<b>&gt;</b> 7	1 11	- 1/	n/	2						. Junorial,	,, , , , ,
(1)		- //	. 10	enove	14/6			)428	00		12/02/9	5	
(6)		30. Name and address	of person who co	ompleted ceuse of	death (Item 2	3a) (Type, F	Print)						
0		Thomas Bi	ondo, M.	D. Vete	erans l	Hospit	a1, 1	Perr	y Point,	Mary1a	nd 2190	2	
Sta	ate	31. Date filed (Month,		32. Regist	rar's Signatur	P	1						
Regist	rar	DE	C 0 9 199	O James	an smerting		•						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39024 6 1/5 Certificate of Death 1. Decedent's Nama (First, Middle, Lest) 2. Dete of Death 3. Time of Death **Physician** Month nThia Germany 96 Bec /Medical 4e. Feolity Nema (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death manylando 9. Birthplace (State or Foreign Country) TON If Undar 1 Yeer 5. Social Security Number If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth 08/02/53 Funeral 1□M 2HF Months Days Hours Min 578-72-0333 43 Director Wash., D.C. Usuei Rasidance of Decedant filed within 72 hours efter death with the Maryland 10h County permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at 10c City Town or Location 10d. insida City Limits Director ¥□Yas 2□No Prince Georges Maryland Temple Hills 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4641 DAllas Place 20748 Funeral Apt. 102 United States 12. Was Decedent Ever in U,S. Armad Forcas? 1 ☐ Yes 2 No If Yas, Giva 11 Meritei Status Was Decedant of Hispanic Origin? (Spacify Yes or No if Yas, specify Cuben, Maxicen, Puerto Ricen, atc.) 14. Race - Amaricen indien, Bleck, Whita, atc. 1 Naver Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: à Specify: 3 Widowed 4 Divorced Year or Detes: BLACK Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Clerk Retired Bell Atlantic Co. 17. Fathar's Nama (First, Middla, Last) Be 18. Mothar's Nama (First, Middla, Maidan Sumama) Joenathan Garvin Susie Lotts 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Delrese Germany (daughter) 1130 Kennebec St., Apt 204 Oxon Hill, Md 20745 20b. Placa of Disposition (Nama of comatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Data Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Harmony Memorial Park 12/9/96 Landover, Maryland 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Fecility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md. 20747 23a. Part1. Entar the disaasa or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate interval Betwean Onsat and Death **Physician** /Medical immediata Cause (Final disease or condition resulting in death) **Examiner** Examiner Kena talu The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last use as the burial-trar Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. attending physician nos is Physician/Medical Dua to (or es a consequance of): is signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24a. Was an autopsy performed? 24b. Wara sutopsy tindings evailable prior to completion of ceuse of death? certificate has 2 2 No 1 ☐ Yas 1 TYas 2 No i or Attending Physician: after death.
Director: After this certifica Be 25. Was cesa raterred to medical 28. Piaca ot Death (Check only ona) 2 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Tima of injury Certification: 28c. injury at Work? 28d. Dascribe how injury occurred 1 Naturai 2 Accident 5 Pending invastigation 1 Yes 2 No the 6 Could not be datarmined 3 Suicida 28a. Place of injury - At homa, farm, streat, factory, office building, etc. (Specify) 6 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours a To the Funeral D completaly filled it Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. edicai 29a. Cartifier

State Registrar (Check only one)

29b. Signature and title of certifie

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

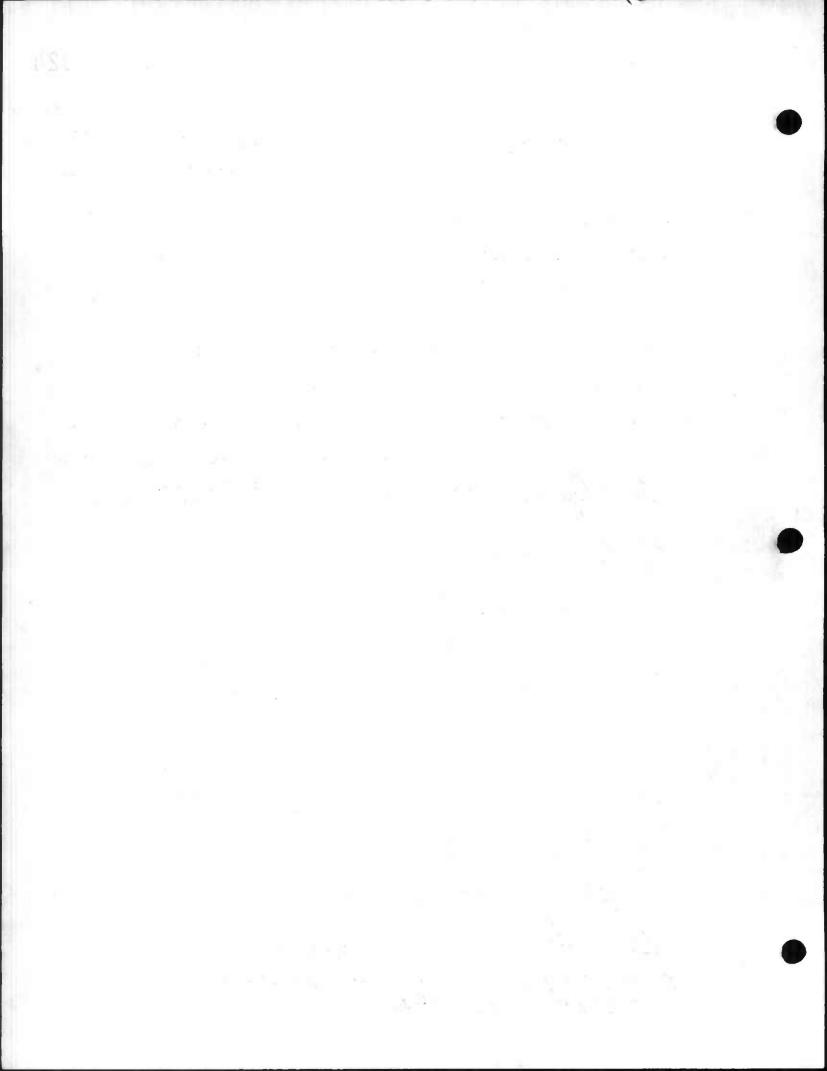
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29c. Licanse number

29d. Data signed (Month, Day, Year)

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Month, Day, Year)
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hysician /Medical		-	Last)	0.11					2	2. Dete of De Month	eth Dey	Year	3. Time of Deeth
warminan.	4	e. Fecility Name (If not institution,	NN G	RAY	<u> </u>			4b. City. To	wn, or Loca	12	10	96	78M
xaminer	ľ	16409-KiPL						DERV	Noch	Rock	rill Mo	NTG	OMERY
nerai ector		216-88-3748DI	5. Sex 1 □ M 2 ▼ F	Age (In yrs. 41	last birthdey) Yrs.	It Under Months		If Under Hours	24 Hrs. 8 Min. S	B. Date of Bir (Month, Pa ept. I	, 1955		lece (State or Foreig try) Ington D.(
E ==	-	Usuel Residence of Decedent Oa. Stete 10b. County		10c. Ci	ity, Town or Loca	ation						10	0d. Inside City Limit
notified at		Md. Montgon	nery	Ro	ckville								1□Yes 2√2N
Directo	1	0e. Street and Number				10f. Zlp		0055			10g. Citizen of		
free must be notfied Funeral Director	-	16409 Kipling Ro	12. Was Decede	nt Ever in I	10 12 W	os Doogs		0855	ain? (Saca	ify Yes or No	United	ce - America	
by	•	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Force	s? XNo	lf.	Yes, spec	city Cub	Specify:	, Puerto Ri	ican, etc.)		ck, White, 6	
eted		15. Decedent's (Specify only highest)			16a. Decede	nt's Usue	el Occup	ation during most	t of working	7	16b. Kind of B	usiness/Ind	lustry
event, the Medical Be Completed		Elementery/Secondery (0-12)	College (1-40	or 5+)		one	se retire	d)			No	ne	
e G	1	7. Fether's Neme (First, Middle, La	st)					18. Mothe	r'e Neme (	First, Middle	Meiden Sumer	ne)	
ToE	L	Damon C. Gray						Fann	ie J.	McCar	thy		
other traumatic event,		l9a. tntorment's Neme/Reletionship Damon C. Gray (I									er, City or Town		Code)
a Co	-	Oe. Method of Disposition	acher	20b. I	Plece of Disposi	ition (Nen	ne of	<u></u>	TOCK	Dete	20c. Location		wn, Stete
7		1 Donetion 5 ☐ Other (Spe		10	cemetery, creme te Of He			*	v 12	/12/9	Silver	Spri	lng, Md.
any injury or or	-	91- Signature of Funeral Service Co	4 0	0				ss of Fecilit	v		neral Ho		
2 2		My Lead	D(rel	J.	10	Eas	t De	er Pa					Md. 208
s the burial-transit	o iii	Sequentially list conditions, eny, leading to immediate ause. Enter Underfying Cause (Disease or Injury het initieted events essetting in deeth) Last		Due to	or es a consequence es	HA enca of):			RETI	ARDI	ATION	,	0
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detached for use a	P	art II. Other significant conditions	contributing to death	but not res	sulting in the und	serlying o	ause giv	en in Part I		23b. Dld	lobacco uee co	entribute to	the cause of death
by Phy	1.						- 56			t 🗆	Y00 2 No	3 ☐ Prob	ebly 4 ☐ Unknow
ieted	-								_		an autopsy med?	ava	ore autopsy tindings alleble prior to appletion of cause death?
Con	L									10	res 2 No	10	Yes 20 No
D Be	2	<ol> <li>Was case referred to medical examiner?</li> <li>Yes 2□ No</li> </ol>	Hospital: ,	er er	lenn	4F7 p.o	. Oth	ener.		Check only o			
n: To	2	7. Manger of Death	1 ☐ Inpa 28a. Date of In (Month, L	jury	ER/Outpatient 28b. Time of	3[] DO	Bc. Injur Wor	4LI Nu		-	dence 6 DOt now injury occur		9
catio		1 Natural 5 Pending investigat	ion N/	4	Injury	м		Yes 25	No				
Certification:		3 ☐ Suicide 6 ☐ Could not determine	vt 266. Place of t	njury - At h etc. (Specif	ome, farm, stree	A. factory	, office		28	f. Location (: City or To		ber or Rural	Route Number,
completaly filled in by the funeral director, page 2  Medical Certification: To Be Comp	2	9a. Certifier (Check only one)  1 Certifying F Medical Ex	Physician: To the bes aminer: On the besis end menner:	of examine	wiedge, deeth o stion end/or inve	occurred of stigetion,	et the tir , In my o	ne, date en pinion, deel	d piece, an th occurred	d due to the l et the time,	cause(s) end m dete end place,	enner es st and due to	ated. the cause(s)
Me	2	9b. Signeture end title of certifier				290	. Licens	e number			29d. Dete signe	d (Month, L	Dey, Year)
8		11 -	H 5. A1	( )	1	-	NE	1 10	1/28		17-1	1-9	20854
completely filled in by the funer Medical Certification		Victor	M. LAY	NV	MICHO.		1	ייי	100		1-1	1	6

Åm	ended f	11	, 12/12/96, M	RT, N	Montg. Cty.		Certificate	e of	Death		Reg. No.		0,0000
	Physic	lan	Decedant's Nama (First,		,	_				2. Data of Date	ath Day	Yaar	3. Tima of Death
4	/Medi			ALL		GLASS				DECEME	BER 5,		8:50 Pm
	Exami	ner	4a. Facility Nama (If not inst						4b. City, Town, or I	Location of Death	4c. County	of Death	
	- 1		Prince Ge						Cheve		PRIN	CE G	GEORGES
	Funerai		5. Social Sacurity Number	6. 5	T	(In yrs. lest I	oirthday) If Undar Months			(Month, Da	h y, Year)	9. Births	placa (Stete or Foreign atry)
	Director	10-1	412-64-011 Usuai Rasidance of Daceda	/	5	6	115.			Feb.	1, 194	r o	ennessee
	land		10e. Stata 10b. Co			10c. City, To	wn or Location					1	Od. Insida City Limits
	the Marylan 28s-f show	0	VA Fr	ede:	rick	Wir	chester						XXYas 2□No
	the 128m	Director	10e. Street end Number			*****	10f. Zip	Coda			10g. Citizan of	What Cour	ntru?
	With No.		321 N. Pl	easa	ant Valle	v Rd.			2601		U.S.		my r
	Jeath 2	Funeral	11. Maritai Status		12. Was Dacedant E Armed Forces?	-				pecify Yas or No-		e - Amaric	can Indian.
Maryland 21215-0020	filed within 72 hours efter death with the Maryland Hygiene. Ither than "natural", or tlems 23a or 28a-f show ant, the Wedical Examiner must be notined	by	1 <del>☐ Never Married</del> 2⊠ 3 ☐ Widowed 4 ☐ Dive		Armed Forces? 1 ☐ Yas 2 No. If Yas, Giva Yaar or Datas:	0	if Yas, spec		Hispanic Origin? (Sean, Maxican, Puart Specify:	o Rican, atc.)		ck, Whita,	atc.
5-0	72 ho	ted	15. Dec	edant's Ed	fucation da complated)	18	a. Decedant's Usua	Occup	pation	ting	16b. Kind of B	usinass/in	dustry
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pu	2 should be filed and Mental Hygin Is marked other reurnatic event, I	Be	17. Fathar's Name (First, Mi	ddla, Last)					18. Mothar's Nan			na)	
yla	Men Men erke	10	Unknow	wn						rietta			
Mar	s 1 end 2 should f Heelth and Mer tem 27 is marks other traumatic		19e. Informant's Name/Rala				b. Meiling Addrass						
	D = Z =		Leon B. Gl	ass	(Husband		21 N. P.						
Baltimore,	Pege ent o rt: If I		20a. Method of Disposition  1 ☐ Burlal 2X Crama  4 ☐ Donation 5 ☐ Oth				of Disposition (Namery, cremetory or others Funer)			Data 2/10/9	20c. Location		eter, VA
alt	Department Important any Injure once.		21. Signatury of Funaral Sa	vice Licer	1990 /	1	22. Nama and						
	20 = 29		1/4/200		mou	Hou	SNOW	DEN	FUNERA	L HOME	, P.A.		
			23a. Part1. Entar to discuss shock, or heart in the.	a, or com	plications that caused t	ha daath. Do	not antar tha mode	of dyi	I.E. MD	20850 or raspiratory ar	rast,	1	Approximata
	Physician		SHOCK, OF HEALT MANA.	LIST OF TY	ona causa on aacii iina	Α,						1	Intarval Batween Onset and Death
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0,	e exe	E	Sequentially list conditions, if any, leading to Immadiate ceusa. Entar Underlying Causa (Diseasa or injury	J	POST 6	PARTIE	L SMAC	,	BOWEL R	ESETIO			
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	requires that the death ce been signed by the attendi hould be detached for use	Physician/	Part II. Other significant cor	ditions o	ontributing to death but	not rasulting	in the underlying ca	usa gi	van in Part I.	23b. Did t	obacco use co	ntribute to	the cause of death?
P.0	res that the de signed by the a be detached t	Phy								101	res 2□No	3 Prof	bably Onknow
	es th	by											
ord	v require	P P								24a. Was a	an autopsy med?	24b. Wa	ara autopsy findings ailabla prior to
9	law r	pie					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					CO	mplation of causa daath?
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ita		Bec	25. Was casa rafarrad to me	dicel				-	26. Place of Dea	th (Check only o	na)		
<b>&gt;</b>	Physician: this certific ral director,	To	axaminar? 1 ☐ Yes 2 ☐ No		Hospitel: 1 Inpatian	2 ER/C	Outpatient 3 DO/	Oth	ar.	oma 5□ Rasid		ar (Specifi	v)
Division of Vital Records,	g Phys er this neral di		27. Manner of Death	To all the	28a. Data of Injury (Month, Dey			c. Injui		28d. Dascribe h			0
0	ath. r: Aft	atio	1 Netural 5 Pa 2 Accident in	inding restigation		rear)	Injury M		Yas 2 □ No				
vis	al or Attending P s after death. if Director: After t od in by the funera	1110	3 ☐ Suicida 6 ☐ Co 4 ☐ Homicide	ould not be termined	28a. Piece of Injur	y - At homa, t	arm, straet, factory,	offica		28f. Location (S	treet and Numb	er or Rura	I Routa Number,
ā	s after	Certification:	4 E Homode		building, atc.	(эреспу)				City or Tow	n, Stetaj		
	To the Hospital or Attending Physician: within 24 hours after deals after deals To the Funeral Director: After this certific completely filled in by the funeral director,	edical (	29a. Certifiar 1 Cert (Check only one) 2 Med	ifying Phy Ical Exam	reiclen: To the best of liner: On the basis of a and mannar state	xamination e	a, deeth occurred a nd/or invastigation, i	t tha tir	me, date end piace, pinion, death occur	, and dua to the c rred et the tima, c	ause(s) end ma leta and place,	annar as st and due to	tated. the cause(s)
	To the To the comp	Z	29b. Signatura and titla of ce	rtifia	5.04		29c.	Licans	a number		29d. Data signe	d (Month,	Day, Year)
	,		) WING	1				D	4369.	2	12/	7/9	9
	6	-	30. Nema and address of	son who	complated ceusa of das	ith (Itam 23a)	(Type, Print)					(	
	2		124.4.6.		tosp Che	resh	MM Zo	7 8	1				
	Sta	te	31. Data filed (Month, Day, Y		32. Registrar	s Signatura							
	Registra		DEC 0 9	1996	guia Da	vidson-D	Pandelle.						

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificat	te of	Death			Reg. No.		
			1. Decedent'a Name (First, Middle, L.	ast)						2. Date of De Month	eth	Vaca	3. Time of Death
	Physic /Medi		JOSEPH AN	THONY G	ATTA					DEC 6	, 199	6 Yeer	9:05 a.m.
	Exami		4e. Facility Neme (If not institution, gi	ve street and number)				4b. City, To	own, or Lo	ocation of Death	4c. C	County of Deat	
			SPA CREEK CENTER	GENESIS ELD	ERCARE			ANNAI		5	ANN	E ARUN	DEL
	Funeral Director		182.07.7484	Sex 7. Age	(In yrs. last birthday,	Months	Deys		24 Hrs. Min.	8. Date of Bir (Month, De JUNE 1	th y, Year) 9,190	9. Birti Co PEN	hplace (State or Foreign untry) NSYLVANIA
	death with the Maryland ms 23e or 28e+ show Lithust be notified at	tor	Usuel Residence of Decedent  10a. State 10b. County  MD ANNE ARU		10c. City, Town or L ANNAPOL								10d. Inside City Limits  Y Yss 2 □ No
	with the e or 28s	Director	10e. Street and Number 1923 HIDDEN POIN	T POAD		10f. ZI <sub>I</sub>	Code	<u> </u>				en of What Co	untry?
	s 23 must	erai	11. Maritel Status	12. Was Decedent E	ror In II C 12			Hienania Os	ining (Cn.	anifu Van ar Na		S.A.	sionn Indian
0020	72 hours after death with the Marylar natural, or lisms 23e or 28e-f show filed Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		If Yes, spe				ecify Yes or No Rican, etc.)		Black, White Specify:	
Maryland 21215-0020	within 72 h sne. than "natu he Medical	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)		(Give	DO NOT u	ork done	during mos	t of work	ing	16b. Kin	d of Buainess/	Industry
2	A STATE OF A	S	12		PRIN	ΓER					U.S.		MENT
yland	Mantal H srked off afficeven	To Be	17. Father's Name (First, Middle, Las ANTONIO GATTA	·)				18. Moth		e (First, Middle, IELLA M		Sumeme)	
Aar	2 sho and le ma		19a. Informant'a Name/Reletionship	(Type, Print)		_				al Route Numb			
	1 and leath m 27 ther tr		JEAN GATTA		1923 20b. Place of Disp			OINT F	ROAD	ANNAPOI	-		
Baltimore,	Pages ment of P ant: If the lury or of		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Speci		GATE OF	metory or o	N C	EMETER			SILVE		NG, MD.
Bal	Depart Import any in		21. Signature of Juneral Service Lice	Peter					-	EPH GAW INGTON			
			23a. Part / Enter the disease, or con shock, or heart failure. List only	plications that caused to	he deeth. Do not en	ter the mod	de of dy	ing, such as	cardiac	or respiratory s	rrest,		Approximate fntervai Between
	Physician /Medical Examiner		Immediste Cause (Final disease or condition	st	voke	Ceve	26v	ovas	colo	andise	easi	e	Onset end Deeth  Syeavs
		ner	resulting In death)	D	ue to (or as a conse	quence of)						1	
ó	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	ue to (or ss s conse	quenca of):						i	
x 68760,	D a	//Medical	Cause (Disease or Injury that initieted events resulting in death) Last	c	ue to (or es e consec	quence of):							
. Bo	death ce attendi	Physician	Pert II. Other significant conditions	contributing to death but	not resulting in the u	anderlying o	cause o	iven in Part	l.	23b. Did	tobacco u	ise contribute	to the cause of death?
P.O	that the dended by the a	by Phy								10	Yes 3	No 3□Pr	robably 4 Unknown
Records,	ew requires that is been signed b 2 should be deta	Completed b								24a. Was	an sutops rmed?		Were autopsy findings svallable prior to completion of cause of deeth?
R	9 7 8	E O								10	Yes 2	No .	1 Yes 2 No
Vital		Bec	25. Was case referred to medical					26. Plece	of Deat	h (Check only o	one)		
of V	0.0	To	examiner?	Hospitai:	2 ER/Outpatie	nt 3 D	O AC	ther: 4 N	ursing Ho	me 5 Resi	dence 6	□Other (Spec	cify)
ion o	Attending Ph ir death. bctor: After th by the funeral		27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey	Year) 28b. Time o	of A	28c. Inju Wi 1 [	ork?	6	28d. Describe	how injury	occurred	
Division	or Attendiates death Director: A d in by the f	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injur- building, etc.	y - At home, farm, at (Specify)	reet, factor	y, office			28f. Location ( City or To	Street and vn, Stete)	Number or Au	urei Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai C	29a. Certifier (Check only one)  Certifying Pi	nysician: To the best of niner: On the basis of e and manner state	xaminetion and/or In	h occurred vestigation	at the t	ime, dete en oplnion, des	nd plece, oth occurr	and due to the red at the time,	cause(a) a date and p	and manner ss piaca, and due	s steted. to the cause(s)
	/	Me	29b. Signature and title of certifier	Selouie	Bano.	29	c. Licer	nse number	8		29d. Date	signed (Mont)	h, Dey, Year)
	6		30. Namé and sddress of person who	Seloui C	th (Item 23a) (Type, U, W, O.	Print) C	701	0 6	Best	gate	Aun	apolis,	, lud 21401
	Sta Registr		31. Date filed (Month, Dey, Year) DEC 1 0 199	32. Begistrer	s Signature avidson Rand	lett.							

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State of Maryland / Department of Health and Mental Hygiene Q6 2002Q

		Decedant's Nama (First, Middle, L.)	nst)		Cer	tificate	OI DE	alli	2. Date of Daa	eg. No.		3. Tima of Death
Physic		SHEILA O	. GR	ANT					Month	ROG	1996	1210PM
/Medi Exami		4a. Facility Nama (If not institution, gi	va street and number	)			4b. 0	City, Town, or Lo	ocation of Death	4c. Count		1
£ Adiiii	IICI	SHADY GROVE ADV	ENTITET LINE	יאיידם!			DC	CKVILLE	7		IGOMER	137
Funeral				ge (In yrs. last	birthday)	If Undar 1	Year If	Undar 24 Hrs.	and the same of th		The second second second second	
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yland m m		10a. Stata 10b. County		10c. City, To	own or Lo	cation					10	d. Insida City Limits
Man T	to	N.Y. Bron	x		Bro	nx						1 ☐ Yas 2 ☐ No
1 the	Director	10e. Street end Numbar				10f. Zip Co	ode		1	0g. Citizan of	What Count	ry?
3a o		1545 Rhinelan	der Ave.	# 5N			1046			U.S.	٨	1000
death	era	11. Marital Status	12. Wes Decedent	Evar In U.S.	13. V				ecify Yes or No-		ce - America	in indian.
ise, Mail yially ZIZID-0020  1 and 2 should be filed within 72 hours after death with the Maryland Fleelih and Mental Hygiene.  Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be not fed	by Funeral	1 Never Marriad 2 Married 3 Widowad 4 Divorced	Armed Forces' 1 Yas 2 1 1 Yas 2 1 1 Yas, Giva Yaar or Dates:			Yas, specify		Maxican, Puarto Specify:	ecify Yes or No- Rican, atc.)	Specif	ck, Whita, a b: Bls	
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Alenta Alenta rked tic e	To	James Gra	nt					Orint	thia K	lien		
d 2 should be file th and Mental Hy 7 is marked oth traumatic event	-	19e. Informant'a Name/Reletionship	(Type, Print)	1	9b. Maiiin	g Address (S	Street and	Number or Run	al Routa Number	, City or Town	, State, Zip (	Coda)
1 and 2 Heelth a em 27 is		Richard Grant (	Son )		1002	Ridge	eline	Dr. Gs	aithersb	urg. M	208	379
other and a series		20a. Mathod of Disposition		20b. Place	of Dispos	sition (Nama	of			20c. Location		- T - M
permit. Peges 1 and Department of Heelth important: if item 27 any injury or other tr other.		1 Burial 2 Cramation 3 5 4 Donation 5 Other (Special	fy)	Char	nber	crema	atory		12/7	River		
Depariment and in personal important in personal in pe		21. Signatura of Funaral Sarvice Lice	hamlen	#670		Name end A			W.Chamb Silver			
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Physician /Medical Examiner		Immedieta Causa (Finel diseasa or condition		bral:								Onsat and Death
K-14-4	iner	rasulting in death)	b. Lu	Due to (or es	a consaq	uence of):						
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e death cert he ettendin	Physician/	Pert II. Other significant conditions	contributing to deeth b	ut not rasulting	) in the un	darlying ceus	sa givan lı	n Part f.	23b. Dfd to	bacco use co	entributa to	the cause of death?
res that the de igned by the c	by Phy	Multiple Pe Arthritis.	rsonalit	y Di	sort	der.			1 🗆 Y	es 2□ No	Probe	ably 4 ☐ Unknown
aw requi	Completed t	Arthritis.							24a. Was a perform	n autopsy med?	avel	re autopsy findings ilabia prior to iplation of causa eath?
The I	Col								1□ Y	s 2 No	10	Yas 2 No
ysician: The is certificete director, pag	Be (	25. Was cesa rafarred to medicei axaminar?					26	B. Placa of Deet	h (Check only on	a)		
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Ing When	ertification:	27. Manner of Death 1 Neturel 5 Panding 2 Accident Investigation	28a. Deta of Inju (Month, Da	ry 28b	Tima of Injury	28c.	Injury et Work?		28d. Dascribe ho			
or At fler fler fler fler fler fler fler fler	ertific	3 Suicida 6 Could not be datarmined	28a. Piece of in	ury - At home, c. (Specify)	farm, stra	at, factory, of	ffice		28f. Location (Si City or Town		ber or Rural	Routa Number,
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Cartifier (Check only one) 1 Cartifying Pl	nyalcian: To the bast niner: On the basis o and menner st	axamination a	ge, daath ind/or inv	occurred at the	ha tima, o my opinio	data and place, on, death occurr	and dua to the co	ausa(s) and ma eta and place,	annar as sta and dua to t	ited. tha cause(s)
To the To the Comp	×	29b. Signature and thie of certifiar	1	)		29c. Li	icense nu	mber	2	9d. Data signe	d (Month, D	lay, Year)
		freme	nis			7	537	891	0	ECEM	BER	06 1996
10		30. Name and addrass of person who	completed causa of o	eath (Item 23a	) (Type, F				2085			
Sta	te	31. Date filed (Month, Day, Year) DEC 0 9 19		ar's Signatura					2000	•		

According to the property of the contract of t 

				State of	Marylar	nd / De	partment Certificate	of H	lealth a Death	and M	Mental Hygi	iene 9 (	5 3	390	129
			1. Decedent's Name (First, Middla, L	ast)							2. Date of Death	1	Maria	3. Tir	na of Death
	Physic /Medi		Pauline Theresa	Galipo							December	Day 19	96	2:4	0 P.M.
	Exami		4s. Facility Nama (If not institution, g	va street and nun	iber)			4	lb. City, Tov	wn, or Lo	ocation of Death	4c. County			
			12205 Galway Dr	ive					Calve		-	Montg	omer	У	
Г	Funeral			Sex 1 □ M 2 □ XF	7. Age (In yrs	last birthd. Yrs	Months	Yaar Days	If Undar 2 Hours	24 Hrs. Min.	8. Date of Birth (Month, Day, Dec. 26,	Year)	9. Birth Cou	place (Si	tate or Foreign
	Director		578-44-3449 Usual Residence of Decedent		77	113	•		ll		Dec. 26,	1918	Pen	nsyl	vania
	tand a m		10a. State 10b. County		10c. C	ity, Town o	r Location							10d. Insi	de City Limits
	Man Age	to	MD Montgom	ery	Ca	lvert	on							1 🗆	Yas 2X No
	with the Maryland a or 28a-f show be notified at	Director	10e. Streat and Number				10f. Zip 0	Code			10	g. Citizen of	What Cou	ntry?	
	23a	ai	12205 Galway Dr	ive			209	04				USA			
	r dea	Funeral	11. Marital Status	12. Was Dece Armed For	cas?	J,S.	3. Was Deceda	nt of Hi	ispanic Orig	gln? (Sp , Puerto	ecify Yas or No- Rican, atc.)		e - Ameri ck, Whita		an,
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Ş	72 hours atlar death with the Marytar restursf, or items 23e or 28e-f show idical Examiner must be notified at		15. Decedent's E	Year or De	ites:	160 D	ecedent's Usual	Oscup	etlon			8b. Kind of B			
15		Completed	(Specify only highast g	ade completed)		(G	iva kind of work	done d	during most	of work	ing	IOD. KING OI D	USH 1033/H	loustry	
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ya	should by of Menta marked metic ev	To	Basilio Toscano						Mari	a Ga	alipo				
Maryland 21215-0020	2 shot and N is mar sumer		19a. Informant's Name/Relationship	(Type, Print)							al Route Number,		State, Zi	o Code)	
	s 1 and 2 should I Health and Mar tam 27 is marks other traumatic		Elizabeth Gibbo	ns	noh					ourt	, Derwoo		208		
Baltimore,	Pages nent of h ant: If its ary or of		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3	Removal from S	otate		sposition (Name crematory or oth			1	-30	Oc. Location			te
를			4 □ Donation 5 □ Nothar (Spec 21. Signature of Funeral Sarvice Lice		ment	fort.	Lincoln				2/12/96 H	rentwo	ood,	MD	
Ba	Depart Depart Import any inj		21. Signature di Puneral Sarvice Lice	O.	1		22. Name and Franci	s J	. Col	lins	Funeral	l Home,	Inc		
	-	-	23a Part Enter the disease or or	nolications that or	used the dee	th. Do not					rd. W., S		Spg.		
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	/Medicai		Immediate Cause (Final	5	Desc								i	25	101
В	Examiner		disease or condition resulting in death)	a	Due to (	or es a con	sequence of):							21	7742
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	ate be executed hysician end the burial-transit	Examiner	Sequentially tist conditions,	0.		or as a con	sequence of):							2	
8760,	be ex ician burial	alE	Sequentially tist conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury	· 1410	ASTR	CA	NEMO	1						ZM	ant s
687	phys s the	edical	rasulting in death) Last	A. ( .			sequence of):	/ -			0.0			2.	
Box	nding use e	M		a. HLLO	UKINO	L IN	GESILON	1,1	HERAP	EUT	ICALLY PR	ESCRIBE	D	3 1	lanths
m	v requires that the death certificate be executed been signed by the attending physician and should be detached for use as the butal-transit	by Physician/Me	Part II. Other significant conditions	contributing to de	ath but not rea	tuiting In th	e underlying car	uee abu	en in Part I		23h Did tol	hacco use co	ntribute t	o the ce	use of death?
P. 0.	t the de	hys				uning mon	e underlying car	use givi	ati ni raiti.		1 D Ye	1			4 □ Unknown
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ec	hes be	Completed			( ) (	77101	110 3/0	3700	1)(2				of	death?	n of cause
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ō	Physic this cral dir	- To	1 ☐ Yas 2 No 27. Menner of Death	1	·	ER/Outpa 28b. Tim			4 🗆 1401	1	oma 5 Resider	nce 8 DOth		fy)	
0	ding After fune	tion	1 Natural 5 Pending 2 Accident invastigation		f Injury n, <i>Day Year)</i>	Inju	ry M	c. Injun Work	k? Yes 2□N		26d. Dascribe 10	w injury occur	red		
Division of Vital Records,	or Attending Physician: after death. Director: After this certifical in by the funeral director,	fica	3 Sulcide 6 Could not	28e. Place	of Injury - At h	ome, farm,	street, factory,				28f. Location (Str		per or Rur	al Routa	Number,
á	s after a Direct of in bi	Certification:	4 ☐ Homicide	bulldin	g, etc. (Speci	ly)					City or Town,	, State)			
	To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2		29a. Certifler Certifying P	hysician: To the I	pest of my kno	owledge, de	eath occurred at	t the tim	ne, dete and	d placa,	and due to the ca	use(s) and ma	nner as	stated.	100(0)
	the H the Fi	Medical	one)	minar: On the ba and mann	er atated.	ation and/o				ii occuri	red at the time, da				
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DEC 1 2 1996 June Tairdson Randon

ITEM: 5. PER F'.H. FILM G-743

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 19a, per informant G-744 2/26/97 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death **Physician** Mogth GEORGE. ANN 4:23 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SUBURBAN HOSPITAL BETHESDA MONTGOMERY If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 7. Age (In yrs. last birthday) 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 1 F Months Days Yrs. 87 JULY 31,1909 Director **OKLAHOMA** Usual Residence of Decedent the Marylend 10a. State 10b. County r than "natural", or items 23s or 28s-f show the Medical Examples must be notified at 10c. City. Town or Location 10d. Inside City Limits Director 1 Yes 2 □ No MD. MONTGOMERY N. POTOMAC 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 15215 GRAVENSTEIN WAY 20878 Funeral U.S.A. 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after to and of Health and Mentel Hydine.
Int: If item 27 is marked other than "natural", or item into or other traumatic event, its Maries Event in the Maries 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 1 No Specify: Completed by Specify 3 ₩ Widowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 AT HOME HOMEMAKER Baltimore, Maryland 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumame) JOSEPH VALITES ANNA LEVETUS 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARBARA POERSTEL/DAUGHTER Same as 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Paga Depertment of Important: If any injury or once. CHAMBERS CREMATORY 12/10 RIVERDALE, MD. 21. Signature of Funerel Service Licensee 22. Name and Address of Facility Chambridge M00091 W. W. CHAMBERS CO. INC., SILVER SPRING, MD. 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Physician /Medical Immediate Cause (Final STAPHYLOCOCUS UNK disease or condition resulting In death) **Examiner** Examiner DRINARY UNK. The law requires that the death certificete be executed the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, DECUBITAL EXTENSING UNK. Physician/Medical Due to (or as a consequenca of): 98 esn P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? á 1 Yas 2 No 3 ☐ Probably 4 ☐ Unknown REMOL PAILURE Records, þ paga 2 should be 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24e. Wes en eutopsy performed? ATKIAL FIBRILATION Deen certificate has CONCRETIVE NUART FAILURE 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) 1 Yes 20 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Division 5 Pending Investigation Netural after death. 1 Yes 2 No 2 Accident the 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral D completaly filled in the Funeral D completally filled in the fi Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Yeer) Lowbool 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year)

DEC 1 1 199

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

SARAH BESS

SUE

2. Date of Death Month

3. Time of Death

10d. Inside City Limits

4a. Facility Name (If not institution, give street end number)

1. Decedent's Name (First, Middle, Lest)

4b. City, Town, or Location of Death

ROCKVILLE

DECEMBER 10, 1996 3:20 AM 4c. County of Death

Funeral

5. Social Security Number 1 □ M 2 ₩ F 359-10-0798 Usual Residence of Decedent

10b. County

If Under 1 Year III Under 24 Hrs. 7. Age (In yrs. lest birthdey) Yrs. 83

8. Date of Birth (Month, Dey, JULY 3, 1913  Birthplace (State or Foreign Country) ILLÍNOIS

Director

28a-f show

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items 2

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Examiner name be notified at

Director

Funeral

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Completed The Medical

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death with the Maryland

Pages 1 end 2 should be filed within 72 hours after one of Health end Mental Hygiena.

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nt of Health e If item 27 is or other tra

permit. Page Department of Important: If any Injury or

**Physician** /Medical

Examiner

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the buriel-transit

10a. State MARYLAND

MONTGOMERY

SHADY GROVE ADVENTIST HOSPITAL

GAITHERSBURG

10c. City, Town or Location

1√ Yes 2 No 10g. Citizen of What Country?

10e. Street and Number

19310 CLUBHOUSE ROAD

10f. Zip Code 20879

UNITED STATES

MONTGOMERY

11. Marital Status

1 ☐ Never Married 2 ☐ Married 3 XWidowed 4 □ Divorcad

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No

14. Race - American Indian, Black, White, etc. Specify: WHITE

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

4

ADMINISTRATIVE ASSISTANT

MEDICAL

17. Fether's Name (First, Middle, Lest)

NATHAN FRIEDMAN

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

FANNIE BASKIN

19a. Informant's Name/Relationship (Type, Print)

ART GELMAN (SON)

20b. Place of Disposition (Neme of cemetery, cremetory or other place)

4 STEVENAGE CIRCLE - ROCKVILLE, MARYLAND 20850 20c. Location - City or Town, State

20a. Method of Disposition

1 ☐ Burlal 2 ☐ Cremation 3 X Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

WESTLAWN CEMETERY

12/13/96 NORRIDGE, ILLINOIS

21. Signature of Funeral Service Licenses 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852

18. Mother's Name (First, Middle, Meiden Sumeme)

Immediate Cause (Final disease or condition resulting in death)

ACUTE CEREBROVASCULAR ACCIDENT Due to (or as a consequence of)

2 DAYS

Approximate interval Betw Onset and Death

DIABETES MELLITUS

10 YEARS

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Physician/Medical

Due to (or as e consequenca of): CORONARY ARTERY DISEASE

10 YEARS

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

24b. Were autopsy findings evellable prior to completion of cause of death? 24a. Was an autopsy performed?

1 ☐ Yes 2 No

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 XYes 2 No

28a. Date of injury (Month, Dey Year)

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s) and manner stated.

29b. Signature and title of certifier an

29c. License number D39671

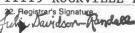
29d. Date signed (Month, Dey, Year) DECEMBER 11, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

PANKAJ LAL, MD - 11119 ROCKVILLE PIKE #100 - ROCKVILLE, MARYLAND 20852 31. Date tiled (Month, Dey, Year)

State Registrar

DEC 1 1996



**DHMH 16 Rev 6/95** 

Baltimore, Maryland 21215-0020

Box 68760. P.O.

The law requires that the death certificate be executed s certificata has been signed by the e director, paga 2 should be detached to

Completed by

Be

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Certification:

Medicai

of Vital Records, or Attending Physician: this filled in by the funeral After Division daath. s efter daath

To the Hospital within 24 hours e To the Funeral C

27. Manner of Death 1 (XNature) 2 Accident

3 Sulcide 4 Homicide

5 Pending Investigation

6 Could not be determined

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39032

							Ce	rtificate o	f Death			Reg. No.			
			Decedent's Name (First, Middle, Last)     2. Date of Deeth										Arra	3. Time of Death	
	Physic		Mildred Gray							Month Day Yesr					
y.	/Medi Examii		4e. Fscility Neme (If not instit	ution, giv	re <i>street</i> end nur	n <i>ber)</i>			4b. City, To	wn, or Loc	cation of Deeth		y of Death	2:20 AM	
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	N S S														
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21215-0020	d within 72 hours after death with the Marylar Jone. I than "natural", or litera 23s or 28s-f show the Medical Examiner must be notified at the Medical as	by	3 Widowed 4 □ Divo		If Vac Ch	etes: WW I	т	1□Yes 2√□N	lo Specify:			Speci	fy:	WHITE	
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State of Maryland / Department of Health and Mental Hygiene 96 39033

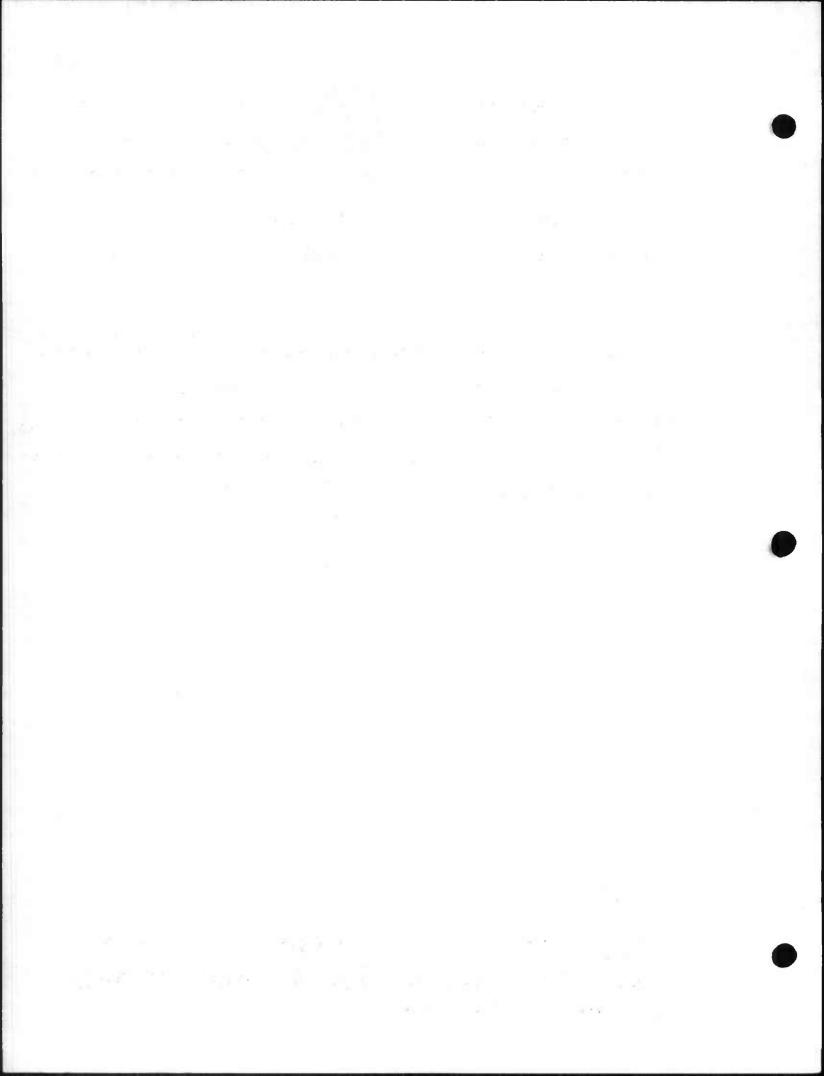
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Physic		ian	1. Decedent's Name (First, Middle	Lest)	Goo	- 0 1	^		2. Dete of Death Month	3. Time of Death				
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	/land		10e. State 10b. County		10c. City, Town	or Loca	ation				1	IOd. Inside City Limits		
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	r 28	Director	Maryland Montgomery Silver Spring  106. Street and Number 107. Zip Code								What Cour	ntry?		
	h wit		8505 Springval	e Road, # 3	310		209	10		United	Sta	tes		
	dea	Funeral	11. Marital Status	12. Was Deceden Armed Forces	t Ever In U.S.	13. W	as Decedent of	Hispenic Origin? (S ban, Mexican, Puert	pecify Yes or No-	14. Rac	e - Americ	en Indien,		
5-0020	72 hours efter death with the Maryland natural', or items 23a or 28a-f show sited Examinet must be notified at	by	1 Never Married 2 Marrie 3 XWidowed 4 Divorced			1 ☐ Yes 2 ☐ No Specify:			Puerto Rican, etc.) Black, Specify:			White, etc.		
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S	or Attending after death. Director: After I in by the fune	fica	3 ☐ Suicide 6 ☐ Could no	t be go Class of In	jury - At home, fan	m stree			28f. Location (Stre	eet and Numb	er or Rura	I Route Number		
=	after Direct	Certification:	4 ☐ Hornicide determin	building, e	c. (Specify)	11, 31100	n, raciory, critico		City or Town,	Stete)	or or riora	riodie ridiliber,		
	Hospital 24 hours a Funeral C stely filled		29e. Certifier SCertifying	Physician: To the best	of my knowledge	doeth o	courred at the ti	me date and place	and due to the sec	.aa/a) and ===		at a d		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai		aminer: On the basis of end manner st	f examinetion and	or Inve	stigetion, in my	opinion, death occur	red at the time, det	e and place,	and due to	the ceuse(s)		
	vithin 2 To the comple	Me	29b. Signature end title of certifier				29c. Licen	se number	29	d. Date signe	d (Month, I	Day, Year)		
	~ > P 0		A STATE OF THE STA				1	11931		3 3 3 3 5 3				
•		-	30. Neme and address of person w	no completed review of	double (them cons)	Summa C	int)	175/	1	ecemy	e-/	1176		
	4		DCI 1	- 2700	Todari (item 238) (1	ype, Pr	( ( / /	1931 Rd Wh	no to	111	200	202		
	- Sta	te	31. Date filed (Month, Dey, Year)	32. Registr	rar's Signature			ca wh	veron '		ev	, , ,		
	Registr			996 Juli	a Davidson-	Pand	ملك							

v or v to a many more than to the

State of Maryland / Department of Health and Mental Hygiene 96 39034

						Certificate	of	Death		Reg. No.	, ,	75004		
П	4 4		1. Decedent's Neme (First, Middla, La:	st)					2. Date of De	ath	Vaca	3. Time of Death		
Physic /Medi			Gary Da	avid Heffne	r				Decembe	er 13	1996	2:15 P.M.		
)	Exami		4e. Facility Name (If not institution, giv	e street end number)			4	lb. City, Town, or I	Location of Death	4c. Cour	nty of Death			
1			Residence: 1200 H	Frenchtown	Road			Perry	ville		Ceci	1		
	Funerai Director		210 40 1410	ex 7. Age ( ▼M 2□ F 5:	In yrs. last birt 2	hdey) If Under 1 Months	Yeer Days	If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, Da March	th y, Year) 11,1944	9. Birthi Cour Pen	placa (Stata or Foreign ntry) nsylvania		
	pue .		Usuel Residence of Decedent  10a. State 10b. County	1	Oc. City, Town	or Location						10d. Inside City Limits		
	Se-f sho	Director	Maryland Ce	ecil				ryville			1 XYes 2 No			
	ter deeth with the Marylen Herna 23a or 28e-f show nor mant be notified a		10e. Street and Number 1200 Frenchtown Ro	pad		10f. Zip C	219	03		10g. Citizen of What Country? U.S.A.				
020	n 72 hours after deeth with the Maryland "natural", or Nama 23s or 28a-f show radical Examinar insult be notified at	by Funeral	11. Marital Status  1 Never Married XX Merried  3 Widowed 4 Divorced	12. Was Decedent Even Armed Forces? 1 ☐ Yes 2 No if Yes, Give Year or Dates:	er in U,S.	13. Wes Decedent of Hispanic Origin? (Spelf Yes, specify Cuban, Mexicen, Puerto for the Yes ATTNO Specify:			pecify Yes or No o Ricen, etc.)	ecify Yes or No- Ricen, etc.)  14. Rece Black  Specify:		- American Indian, , White, etc. White		
5-0	72 ho	ted	15. Decedent's Ed (Specify only highest gra	fucation	Decedent's Usuai	Occup	etion	kina	16b. Kind of Business/Industry					
21215-0020	within ane. than "	Completed	Elementary/Secondary (0-12) Eight Years	College (1-4or 5+)		(Giva kind of work dona d lifa. DO NOT use retired, Self-Employed					Improvement Maryland			
9	Hygi H		17. Father's Name (First, Middla, Last)			JII Dimpic	,,,,,,	18. Mother's Neme (First, M						
Maryland	S is D W	Be C	Samuel	E. Heffne	r					Mary Gaydos				
7	d 2 should th and Men 7 is marke traumatic	To	19a. Informant's Name/Relationship (			Meiling Address /	Street	and Number or Ru			vn Stata 7ir	Code)		
$\mathbf{Z}$									er or Rural Route Number, City or Town, State, Zip Code)  P. O. Boy 517 Porryyille MD					
Baltimore,	Peges 1 and 2 nent of Health a int: If Nam 27 Is		Lavern Baker Heffner (Wife)  1200 Frenchtown Rd., P.O. Box 517, Perry  20a. Method of Disposition  1\omega Buriel 2 \subseteq Cremation 3 \subseteq Removal from Stata 4 \subseteq Donation 5 \subseteq Other (Specify)  20b. Place of Disposition (Nama of cemiatary, cramatory of other place)  St. Mark's Cemetery  12/17/96 Perryville											
Balti	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Licensee  22. Name and Address of Facility Lee A. Patterson & Son Funeral Home											
1	-	Н	23a. Part1. Enter the disease, or compshock, or heart failure. List only	OULESUM the course of the	KION-	Perryvi	of chin	e, Maryla	nd 219		1	Approximate Interval Between		
ox 68760,	Certificate be executed dring physician and ase es the buriel-transit	√Medical Examiner	Immediete Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	o. Alloper	e to (or es e c	onsequence of):  WYB  onsequence of):	OF GI	Ancen Fr Pik Pre	Puy A	1/8/W tu	<b>&gt;</b>			
Box	atte for	clar	Part II Other elselficant conditions			Marine de desta de la compa		- I- D I	ant Dis					
P.0	by th	Physician/	Part II. Other significant conditions of	ontributing to death but i	not resulting in	the underlying cal	nse giv	en in Pert I.		Did tobacco use contribute to the cause of death?    Yes 2 No 3 Probably 4 Digitinown				
of Vital Records,	e law requires t has been sign ge 2 should be	Completed by							24a. Was perfo	en eutopsy ormed?	av co of	dere autopsy findings vallable prior to impletion of cause death?		
ita	ysician: The s certificate director, pag	Be (	25. Was case referred to medical examiner?					26. Place of Dea	ith (Check pnly o	ona)		/\		
Ž	5 00 0	2	1 Yes 2 No	Hospitai: 1 ☐ Inpatient	2 ER/Out	patient 3 DOA	Oth	er: 4 Nursing H	lome 5 Resid	dence 8 🗆 C	Other (Specia	(y)		
	Attending Phyrideath. Potor: After thi		27. Morner of Death Setural 5 Pending investigation	28a. Dete of Injury (Month, Day Y	(ear) 28b. T	ime of jury M	c. Injun Wor	yat k? Yes 2 □ No	28d. Describe I	how Injury occ	curred			
Division	al or Attancs after death	Certification:	3 Suicide 6 Could not be determined	28e. Place of injury building, etc. (		m, street, factory,	offica		28f. Location (: City or Tox		mber or Run	al Routa Number,		
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the Iuneral	edical	29a. Certifier (Check only one) 2 Medical Exam	ysician: To the best of minar: On the basis of exercises and manner states	amination and	death occurred at Vor Investigation, in	the tin	ne, dete and place pinion, deeth occu	, and due to the rred at the time,	cause(s) and date and plac	manner as s e, and due to	itated. o the cause(s)		
	To the within 7 To the Comple	M	29b. Signature and title of certifier	mij		29c.	License )	o number 6412	/	29d. Date hig	3 9 4	Day, Year)		
_	1		To Name and address of person who	completed cause of deat	th (Item 234) (	Type, Print)	J pg	00	GRACE	my	M	078		
	Sta Registr	_	31. Date filed (Month, Day, Year) DEC 1 6 1996	32. Registrar's	Signature -/ondel	6			•					

DHMH 16 Ray 6/95



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					<i>—</i>		n Maryiai				Death		Reg. No.	5 3	903	35
		Physic /Medi	cal	1. Decedent's Name  John 4a. Facility Name (#f	Т. Не	ellane	I I				4b. City, Town, or I		mbe /	Yeer //91	6 1	of Death 7 43
		Examir Funeral Director	ner	Union 5. Social Security Nur	Hospit	and the second second	7. Age (In yrs	. last birthday,		r 1 Yeer Deys	Elkt if Under 24 Hrs. Hours Min.	On 8. Date of E	C	eci]		e or Foreign
				Usual Residence of D			10c. City, Town or Location					mugus	0 10,15		10d. Inside	
		death with the Maryland ma 23a or 28a-f show Livust be notified at	Director	Md .		cil		E1k	ton	Code			10g. Citizen of	What Cou	Λ	es 2 No
		23a o	ralD	104 Staf	te Str	eet				21	921		U.	S.A.		
	020	or its	by Funeral	11. Maritel Stetus  1 □ Never Married 2 ☒ Merried  3 □ Widowed 4 □ Divorced  12. Was Deceden Armed Forces  1 ☐ Yes 2 □ If Yes, Give Year or Dates:				]No						ce - American Indian, ick, White, etc.  White		
195	Maryland 21215-0020	f within 72 hours iene. ' than "natural', the Medical En	Completed	(Specify		Education grade completed) College (	1-4or 5+)				pation during most of world)		16b. Kind of E			
omi	d 2	Hayai H	Be Co	12 17. Fether's Neme (F	irst, Middle, La	ast)		Line	man	& 1	nstalle		C . &		elep	none
10	ylan	2 2 2 2	To B	Josepl	h Glen	n Hell	ane					Ruth 1	Maughan	s		
1/	Mar	and		19a. Informant's Nan Peggy L			Wife				and Number or Ru Street,					
2	Baltimore,	Pages 1 and and one of Health int: If Item 27 Inty or other true		20a. Method of Dispo	altion Cremation 3	☐Removel from	20b. State	Piaca of Disponentery, cre	osition (Na matory or o	me of other pla		Date	20c. Location	- City or T	own, State	Md.
TOH		Department: Page simportant: If any injury or once.		21. Signature		474		2	22. Neme and Address of Facility 259 E. Main St., Gee Funeral Home Elkton, Md. 21921							
1)		y 101		23a. Part1. Enter the tilease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												ate
		Physician /Medical Examiner		Immediate Cause (Fi disease or condition resulting in death)	inai	a.Mus	ssive	- Pu	men	non	1 em	bau	5		Onset an	bys
Hellane	Box 68760,	sath certificate be executed attending physician and for use as the burial-transit	Physician/Medical Examiner	Sequentially list concif any, leading to immasse. Enter Underh Cause (Disease or in that initiated events resulting in death) La	ditions, lediate ying jury st	b. Col	ed de	or as a conse	quence of)	1 8	Hrem	no c	rs of Cert	an	mar	reks
	P.O.	tha de	hysic	Part II. Other algnific	ant conditions	contributing to d	eath but not res	sulting in the u	underlying	cause gh	ven in Part I.		d tobacco una co			a of death?
	Division of Vital Records, F	w requires that the death cert s been signed by the attendin should be detached for use	Completed by P									24e. We	es an autopsy riormed?	24b. W	Vere autops vailable pricompletion of death?	y findings
	I Re	ician: The law r certificate has b rector, page 2 sh	Comp									1,0	Yes 2 No		Yas 2	□ No
	Vita	yaiclan: s certific director,	Be	25. Was case referred examiner? 1 ☐ Yes 2 ☑ No.		Hospitai:	Destar of	1500		Ott	26. Place of Dea					
	sion of	fing Ph. After the	ation: To	27. Manner of Death  1 Natural  2 Accident	5 Pending	28a. Date (Mon	Inpatient 2 Control of Injury th, Day Year)	28b. Time of this triplety		28c. Inju	4 Li Nursing H	Nursing Home 5 Residence 6 Other (Specify)  28d. Describe how injury occurred  2 No				
	Divis	To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	Certification:	3 ☐ Suicide 4 ☐ Homlcide	6 Could not determine	ed 28e. Place build	of Injury - At h	fy)				City or T	(Street and Num own, State)			imber,
		the Hosp thin 24 hou the Fune mpletely fi	Medical	29a. Certifier (Check only one)  29b. Signature and the control of	Certifying Medical Ex	aminer: On the b	bast of my kno asis of examine ner stated.	owiedge, deat etion and/or in	vestigation	, In my c	me, date end piace opinion, death occu	, end due to the rred at the time	e cause(s) and me, date and place	, and due t	to the cause	
1					MM	en			2	D	45155		Dec	13	19	96
	10	0 + 1VA		30. Name and addres	with	no completed caus	Se of death (Ite	2A	- E	16	ton n	15.	2192	/		
		Sta Registr		31. Date flied (Month, DEC 1	6 1996	Julia.	legistrar's Sign	Jandan								

State of Maryland / Department of Health and Mental Hygiene 0.5 20025

		1. Decadant's Nama (First, Middla	, Last)		Cel	tificate or	Death	2. Data of Dea			3. Tima of Death		
Physician /Medical	_	IRIS +	AR LE	Y				Month	Day	Yaar 96	2.38 PM		
xaminer	_	la. Facility Nama (If not institution,	giva street and numb	ber)			4b. City, Town, or	Location of Death	4c. County	of Death			
	Ļ	LAUREL REGIONAL		A 4		If Undar 1 Yaa	LAUREL		PRINCE				
ector		5. Social Security Numbar  5.82-58-0773  Usual Rasidance of Dacadant	6. Sax 7	. Aga (in yrs 74	. last birthday) Yrs.	Months Days		. (Month, Day	y 10,192	9. Birthple Count 22 S'	aca (Stata or Foreign ry) T. JOHN, V.		
rector		10a. Stata 10b. County	LT.	10c. C	ity, Town or Lo	cation				10	10d. Insida City Limits 1 ☑ Yas 2 ☐ No		
Funeral Director		I Oe. Street and Number	/hat Count	••									
by Funeral Di		ESTATE CONTANT  1. Marital Status  1 Navar Married 2 Married	12. Was Daced Armed Force					Specify Yas or No- rto Rican, atc.)	U.S.  14. Race - Amaric Black, Whita,				
þ	2	3 ☑ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Date	If Yas, Giva				No Specify:			ck		
Completed	and and	15. Dacedant' (Spacify only highast Elamantary/Secondary (0-12)		or 5+)		lant's Usual Occi kind of work doni 20 NOT usa retir eacher	upation a duning most of wo ed)	working 16b. Kind of Businass/Ir					
BeC		t7. Fathar's Nama (First, Middla, Last)								idan Sumama)			
10	2	SAMUEL WELLS JUANITA O'NEAL											
other traumatic event, the Mad		19a. Informant's Name/Ralationsh	Stata, Zip Code) K 11412										
5	2	JOHN HARLEY-SO loa. Mathod of Disposition 1 Burial 2 Cramation	3 ☑Removal from St		Place of Dispos	sition (Nama of natory or other pl		Data Data	20c. Location -				
OUCS.			□ Donation 5 □ Other (Spacify) WESTERN CEMETERY 12/14/9 6 ST. THO  preture of Funeral Service Licensee 22. Name and Address of Facility Tourism St. TENTETING										
BOUG	JOHNSON & JENKINS FO Mais South - MO1084 716 KENNEDY ST., N.W., WASHINGTON, I												
		23a. Part 1. Entar tha diseasa, or to shock, or haart failura. List o	omplications that cau nly ona causa on aac	sad tha daa h lina.	th. Do not ante	ar tha moda of dy	ing, such as cardie	ac or raspiratory ar	rast,	1	Approximata Intarval Between Onsat and Death		
ian ical ner	-10	mmediata Causa (Final disaasa or condition rasulting in daath)	8		Pn	24m on	19				Days		
		asuming in Daam)		Dua to (	or as a consaq	uanca of):	chala				Da.		
s the burial-transit		Sequantially list conditions.	b	Dua to (	or as a consequ	uance of):	s & coppe	litus II		i	Day		
		Sequantially list conditions, f any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury hat initiated evants	C		2	rabete	Estro II	- 162	1	reas'			
dica	1	hat initiated evants asulting in daath) Last	<b>G</b> .	Dua to (d	or as a consequ	uance of):							
etached for use as the but Physician/Medical			d			Hyper	ta sim			i	Years		
sicia	F	art II. Other significant condition	s contributing to deat	h but not ras	ulting in the un	darlying causa g	ivan in Part I.	23b. Dfd to	obacco uss con	ntribute to the causs of death?			
by Physic		aremia						101	** 2 No	3 Probe	ably 4 Unknown		
pieted	-								erformed? av		a autopsy findings labla prior to plation of causa aath?		
e Com								1□ Y	as 2 2000	10	Yas 2 Do		
o Be	2	5. Was casa rafarred to medical axaminar?	Hospital:			0	hor	eath (Check only or					
I	2	1 ☐ Yas 2 ☐ No 7. Manner of Death	28a. Data of I	njury	ER/Outpatient 28b. Tima of	3□ DOA 28c. Inju	4 LI Nursing I	Homa 5 ☐ Rasid					
ation		Natural 5 ☐ Panding 2 ☐ Accidant invastiga		Day Year)	tnjury		ork? ]Yas 2 □ No	28d. Dascribe how Injury occurred		110			
Certification:		3 Sulcida 6 Could no 4 Homicida datamin	ad 28a. Placa of	28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify)					28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)				
nptaly filled in t	2	9a. Cartifiar (Check only one)	Physician: To the ba caminar: On the basis and manner	s of axamina	owiadga, daath ition and/or inv	occurred at tha t astigation, in my	ima, data and place opinion, daath occ	a, and dua to tha c urred at tha tima, d	ausa(s) and mar lata and place, a	nar as sta nd dua to t	tad. ha causa(s)		
Me	2	9b. Signature and titla of cartifiar	CA				sa number	2	9d. Data signed	(Month, D	ay, Year)		
5)	3	PriJem  O. Nama and address of person w		of death (Itar	n 23a) (Tvpe. F		17Am	S. IA	Dec7	D	6		
/		9101 che				wel	MD 20	12.5 A					
State	3	1. Data filed (Month, Day, Year)	one 32.00	strar's Signs	ture Real	tt							

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permit: Sarbuid be filed within 72 hours eiter death with the Meryland Department of Health and Meryland Department of Health and Meryland Hollowing Hollowing Sarbuid	4a. Fecility Neme  Laurel  5. Social Security  240-26- Usuel Residenca  10e. State  Md.  10e. Street and N  703  11. Maritel Stetus  1 Never Ma  3 Midowed  (Spe Elementary/Security  17. Father's Neme  Bu  19a. Informant's N  Claren  20a. Method of Di  1 Meurial  4 Donetion	10b. County P.G.  Industrial 10b. County P.G.  Industrial 10b. County P.G.  Industrial 10b. County P.G.  Industrial 10b. County Industrial 10b. County Is Decadent's Edition on July Algebra Grad on J	Penue  12. Wes Decaden Armed Forces 1   Yes, Give Year or Dates  1   Ucada   College (1-4or	tal loge (In yrs. 91  10c. Ci Fa	J,S. 13. W	nt Heig  10f. Zip Code  Vas Decedent of I Yes, specify Cub  Yes 20 No ent's Usual Occur	Hours Min.  1hts  20743  Hispanic Origin? (Span, Mexican, Pueric	8. Dete of Bir (Month, De 11/19	Princ th y, year) /05	9. Birthplace Country) N. Ca  10d,  What Country? S. A.  2e - American lick, White, etc.	(Stete or Foreign Rolina finside City Limits 1 ☑ Yes 2 ☐ No		
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To the pomp	29b. Signat in and	tale of certification	MD			296 Licens	9 number 4201	7	29d. Date signed	d (Month, Dey,	Year) 1996		
4/	30. Name and document person who completed cause of death (Item 23a) (Type, Print)					7350	JAN 7	USE	N Re	3			
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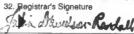
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39038 Certificate of Death Amended # 8. P.G.C. 12-9-96 cr 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month · Nellie Virginia Lee December 4, Hood 1996 11:20 A.M. /Medicai 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fox Chase Rehabilitation and Nursing Center Montgomery County Silver Spring If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (Stete or Foreign May 20, 1918 NORTH CAROLINA April 20, 1917 1□M 200 F 579-21-8809 Yrs. 79 Director Usual Residence of Decedent 10a, Stata items 23a or 28a-f ahow ner mast be notified at 10b. County 10c. City. Town or Location 10d. Inside City Limits DC N/A WASHINGTON Director 1 Yas 2 □ No 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 20017 USA 411 FRANKLIN ST NE Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, "natural", or item d 2 should be filled within 72 hours after of the and Mental Hygiene.
7. Is marked other than "natural", or her traumatic event, the Mental Experience. Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. by Specify: 3 Widowad 4 ☐ Divorcad **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) NONE HEAD BAKER CULINARY 6TH GRADE 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) . Peges 1 and 2 should be filk timent of Health and Mental Hy tant: If item 27 Is marked oth jury or other traumatic even SALLY PLANTER REV., WILLIAM H. McGREGOR 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7108 HANOVER PARKWAY, GREENBELT, MD., 20770 MABLE L. BETHEA 20b. Place of Disposition (Neme of cematary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 15☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Pege Department of Important: If any Injury or once. LINCOLN CEMETERY 12/10/96 BRENTWOOD, MD. 22. Nama and Addrass of Facility OHN T. RHINES CO., INC. To Nuneral Service Licensee 10 3030 12TH ST NE, DC 20017 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. **Physiclan** Immediate Cause (Final disease or condition resulting in death) /Medical 3 MONTHS Examiner Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medicai the Dua to (or as a consequença of) Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Completed 24a. Was an autopsy 24b. Wera autopsy findings performed' completion of cause of death? certificate 1 ☐ Yes 2 🛣 No 1 ☐ Yas 2 ☐ No Be 25. Was casa referred to medical examiner? 26. Place of Deeth (Check only one) ၉ 1 Yes 2 No Other: 4 X Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of Injury (Month, Dey Yeer) Certification: 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Pending Investigation 1 Natural death. 2 Accident 1 Yes 2 No after death Director: by the 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours 24 hours Medical 29a. Certifier ሺ Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end mannar as stated. To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signatura and Will 29c. Licensa number 29d. Data signed (Month, Dey, Year) 001120 1996 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Walter E. Goozh, M.D. 2309 Shorefield Road, Wheaton, Maryland 20902 31. Date filed (Month, Dey, Yeer)

State Registrar

DEC 0 9 1996



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physiclan** Month Hardy December 1996 8:30 PM /Medical 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Manor Care Wheaton Wheaton Montgomery | Months | Days | Hours | Min. | 8. Date of Birth (Month, Day ye October 15, 5. Social Security Number 9. Birthplace (State or Foreign Country) 0n10 Sex 1M M 2□ F 7. Age (in yrs. last birthday) **Funeral** 286-36-2207 56 Yrs Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director Washington, D.C. 10e. Street and Number 10f. Zin Code 10g. Citizan of What Country? ö 20007 2712 Wisconsin Avenue NW #201 23a United States Funeral death Items 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ŏ 1 Yes 2 No Specify þ Specify: white 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) filed within 7 Hygiena. marked other than Elamantary/Secondary (0-12) College (1-4or 5+) picture framer self employed permit. Pages 1 and 2 should be file Department of Health end Mental Hy important: If item 27 is marked othe any Injury or other treumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Mike Hardy Esther Burgner 0 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Straet and Number or Rurel Route Number, City or Town, State, Zip Code) Teresa B. Gardiner 3912 Blackthorn Street, Chevy Chase, Maryland 20815 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Chesapeake Crematory 12-12-96 4 ☐ Donation 5 ☐ Other (Specify) Beltsville, Maryland 22. Nama and Address of Facility
Rapp Funeral Services, P.A. 21. Signature of Funeral Service Licenses 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final liver failure weeks disease or condition resulting in death) Examiner Dua to (or as a consequence of): Examiner cytomegalovirus infection years The law requires that the death certificate be executed and Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of). physician a P.O. Box 68760, AIDS years Physician/Medical Due to (or as a consequence of): attending for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 ☐ Unknown signed b Records, þ cate has been sig 24b. Wara autopsy findings available prior to Be Completed 24a. Was an autopsy completion of ceuse of death? 1 Yes 2 No certificate 1 ☐ Yes 2 ☐XNo Division of Vital I or Attending Physician: aftar death. 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Mursing Home 5 Residence 6 Other (Specify) P 1 Yes 2X No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 5 ☐ Pending investigation 1 Natural s after death.

I Director: After director of the further of the f 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be datarmined 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stata) 4 Homleide To the Hospital within 24 hours a To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifian edical (Check only one) 29b. Signature and tipe of certifier 29c. License number 29d. Date signed (Month, Day, Year) D34590 December 10, 1996 30. Name any address of person who completed ceuse of death (Item 23a) (Type, Print)

Roy Fried M.D., 10810 Connecticut Avenue, Kensington, Maryland

32. Registrar's Signature Randall

State Registrar 31. Date filed (Month, Day, Year)
DEC 1 3 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #8, MRT, 12/12/96, MonState of Maryland / Department of Health and Mental Hygiene Amended No. 12, 12/10/96, G.F., Mont. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** December 7,1996 Yeer 10:15 pm LUCRETTA NORWOOD HASKELL /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth SACRED HEART NURSING HOME HYATTSVILLE PRINCE GEORGES 7. Age (In yrs. lest birthday) If Under 1 Year 5 Sociel Security Number if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) **Funerai**  Birthplece (State or Foreign Country) 1□ M 2\X Days Hours 092-03-0225 90 Yrs. Director 28, 1908 Mass. Usuei Residence of Decedent 1906 death with the Marylend worle Montgomery 10c. City, Town or Location Takoma Park 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at Director 1X Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7414 Jackson Ave. 20912 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1X Yes • 2 2400

If Yes, Give
Yeer or Detes: WWII Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: WHITE by 3 Widowed 4 Divorced 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry al Hygiene. Eiementary/Secondery (0-12) Coilege (1-4or 5+) Secretary California Penal System 17. Father's Name (First, Middle, Last) WILLIAM NORWOOD 18. Mother's Name (First, Middle, Meiden Sumeme . Pages 1 end 2 should be fill tment of Health end Mental H lant: If item 27 is marked out Be ANNIE NICHOLSON 19a Informant's Name/Relationship *(Type, Print)*/brother 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) SAME AS 10 e 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, Stets 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory Dec. 9, 1996 Alexandria, 21. Signature of Funeral Serfice Lice 22. Name end Address of Fecility
TAKOMA FUNERAL HOME INC 254 CARROLL ST N.W. WASHINGTON, D.C. 20012 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finai acute Viral bronchites \* week diseese or condition resulting in death) Examiner Examiner be executed buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Bud Due to (or es e consequence of): Box 68760, physician Physician/Medical the Due to (or es e consequence of): guip P.O. | Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Senik dementia; intestinal bleeding 1 Yes 2 No 3 Probably 4 Unknown Records, à 8 Completed 24b. Were autopsy findings aveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? peed The law page 2 has certificate 2XI No 1 ☐ Yes 2 ☐ No Division of Vital tal or Attending Physician: The short death.

It discontinuous after this certificated in by the funeral director, page in by the funeral director, page in the funeral director director. 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4\( \sum\_{\text{Nursing Home}} \) Nursing Home 5 \( \sum\_{\text{Residence}} \) Residence 8 \( \sum\_{\text{Other}} \) Other (Specify) Certification: To 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Yeer) 27. Mannasoff Death 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 1 Natural 5 Pending investigetion 1 ☐ Yes 2 ☐ No 2 T Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours of To the Funeral completely filled Hospital 29e. Certifier 12 Cartifying Phyalcien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medical Cathying Fryshelm. To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) end menner steted. (Check only one 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

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30. Name end eddress of pe eter M

State

Registrar

31. Dete filed (Month, Day, Year)

DEC 1 0 1996

7500 GREENWAY WAY SUITE430 GREENBELT, MD Schrister MD. 32 Registrer's Signeture

who completed cause of deeth (Item 23e) (Type, Print)

DEC.

9,1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39041 Amended #8, 12/9/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middia, Last) 2. Dete of Death ME Month **Physician** DEC /Medical Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HUNDER 24 Hrs. 8. Date of Birth HEALTH C'ARE TR RINCE GEORGE If Under 1 Year 8. Date of Birth (Month, Dey, Year)
App. 19,1940 5. Social Security Number 6. Sex 7. Age (In yrs. iest birthday) Birthplaca (Stete or Foreign Country) **Funeral** Months Deys 1 M 2 □ F Hours 146-30-0453 Director 56 Yrs New Jersey Usuel Residence of Decedent Apr the Maryland 10e. Stete 10b. County 10c. City, Town or Location ns 23a or 28a-f show 10d. Inside City Limits Director 1X Yes 2 □ No MD Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 107 Hamilton Avenue 20901 U.S.A. Itams 23a death Funeral 11. Maritel Stetus 12. Was Dacedant Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-It Yas, specify Cuben, Maxican, Puerto Rican, atc.) Raca - Amarican Indien, Black, White, etc. traumatic avent, the Medical Examiner 72 hours after © Yas 2 No If Yes, Give Yaar or Datas: 62-66 Naver Merried 2 Married 21215-0020 ò 1 ☐ Yes XXNo Specify. Specify: Black by 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede complated) 16b. Kind of Business/Industry nd Mental Hygiene. merked other than Elementary/Secondary (0-12) College (1-4or 5+) 4 Yrs Lab Technician Howard University Baltimore, Maryland permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem 27 Is merked othe amy Injury or other traumatic avent pance. 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Surneme) Be John H. Holmes Catherine Bynum 19a. tntorment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 107 Hamilton Ave., Silver Spring, MD 20901 Gladys L. Young (Sister) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Burial 2 Cramation 3 Removel from State Gate of Heaven Cem. 4 ☐ Donation 5 ☐ Other (Specify) 12/11Silver Spring, MD 21. Signatura of Funerai Servica Lioutide 22. Nama and Addrass of Facility
SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 nou 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, shock, or hear failure. List only one cause on each line, Approximate Interval Between Onset end Death **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) **Examiner** Due to (or as e consequence ot): Physician/Medical Examiner The law requires that the death certificate be axecuted sician and buriel-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last ending physician are use as the bunel Box 68760. Due to (oyas a consequence of): ò P.O. Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown signed t þ director, page 2 should Be Completed 24a. Was an autopsy performed? 24b. Were autopsy tindings aveilable prior to completion of cause of death? certificate hes 2 No 1 Yas 2 No 1 ☐ Yes To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; I 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

Division of Vital Records.

State Registrar

Medical

29e. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the ceuse(s) and manner as steted.

2 Medicai Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, dete and plece, and due to the ceuse(s) and manner stated. 29b. Signatura and titla of certifiar

29c. License number

29d. Data signed (Month, Dey, Year)

d cause of death (Item 23e) (Type, Print) pwor

MAIN Street LAUREL MD 20707

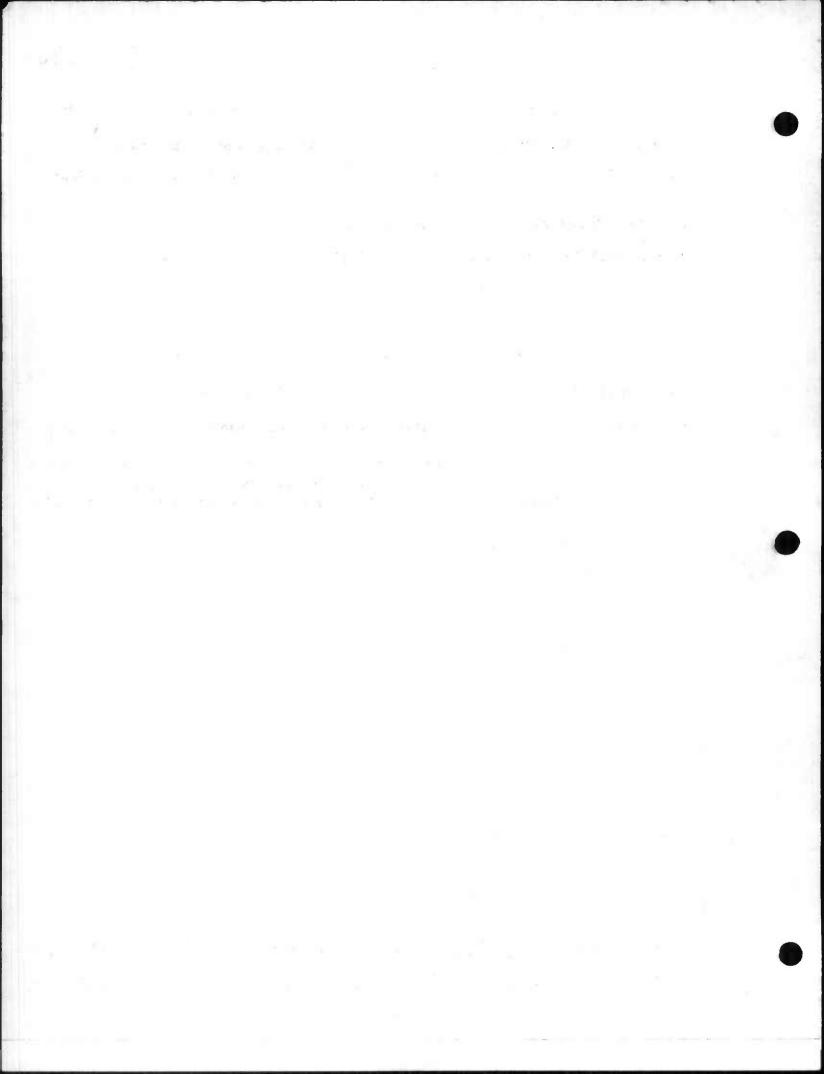
State of Maryland / Department of Health and Mental Hygiene 96 39042

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State of Maryland / Department of Health and Mental Hygiene 96 39043

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J	/Medi		Maurine G. Holl	Ley						Decembe			2:10	PM
Х	Exami		4a. Fecility Name (If not Institution, giv	e street and number)	)				4b. City, Town, or	Location of Death	4c. County			
L			Care Matrix Nur	sing Home					Silver S	pring	Monte	omers	7	
	Funeral		Social Security Number     6. S	ex 7. Ag	ge (In yrs.	last birthda	Month	lar 1 Yaar	If Under 24 Hrs Hours Min.	8. Date of Birth	Year)		lace (Stata o	r Foreign
	Director		217-32-2309	U W 2021	9	0 Yrs				Oct.29,			ssippi	
	and w		Usual Residence of Decedent  10a. Sfate 10b. County		10c. Cit	ty, Town or	Location					1	0d. Inside Cit	ha il lenite
	with the Merylan a or 28a-f show be nottlied at	20	. 1 1 v										1 Tes	
	tha 1	Director	Maryland Montgom  10e. Street and Number	ery	S	ilver	Spri	ng Zip Coda			0- 04	40.10		22
	With and			A / 1 /	0						0g. Citizen of	what Coun	irry r	
	leath rs 23	era	1316 Fenwick Lane	12. Was Dacedent		S 1		20910		Specify Ves or No-	USA	e - Amaric	on Indian	
21215-0020	d within 72 hours after death with the Meryland liene. I then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	1 Never Marriad 2 Marriad  3 ☑ Widowed 4 Divorced	Armed Forces?  1  Yes 2  If Yas, Give Year or Datas:		.5.		2 ₩ No	Specify:	specify Yas or No- to Rican, etc.)		ck, White, o	etc.	
0-10	2 ho	B	15. Decedent's Ed	lucation		16a. De	cedent's Us	sual Occup	ation		16b. Kind of B	Whi usinass/Ind		
21	C . 4	Completed	(Specify only highest gre Elementary/Secondary (0-12)	de completed) College (1-4or !	5+)	(Gi	ive kind of v	vork done use retire	during most of wo.	rking				
2	filed within Hygiena. other than	100		4		C1e	erk				Retai	1		
Maryland	8 E O A	Be	17. Fether's Name (First, Middle, Last)						18. Mother's Ner	me (First, Middle, I	Maiden Sumen	10)		
yla	should be ind Mental I	2	William Gaither						Annie	Moore				
la	01 60 60 50		19a. Informant's Name/Relationship (	Type, Print)		19b. Ma	ailing Addre	ss (Street	and Number or Ru	ural Route Number	, City or Town,	State, Zip	Code)	
	Haalth Haalth em 27 l		William G. Holley			1504	Long	gbran	ch Court	Naperv	lle.Il	linoi	s 6056	55
Ore	Pagas 1 and ment of Haalt ant: If Item 27 ury or other I		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐	Removal from State	20b. P	Place of Dis amatery, c	sposition (N rematory o	leme of r othar plac	(e)	Napery:	20c. Location -	City or To	wn, Steta	
Baltimore,	men tant:		4 ☐ Donetlon 5 ☐ Other (Specif)	')	Par	klawn	Memo	rial	Park 1	2/10/96	Rockvi	lle.M	arvlan	d
39	permit. Pagas Department of Important: If It any injury or once.		21. Signature of Funeral Servica Licen	see			22. Name	and Addre	ss of Facility	Funeral				
	005 0		Oteven St	and						d.,W. Si			MD 20	901
			23a. Part1. Enter the disease, or comp shock, or heart feilure. List only	olications that caused	the deati	h. Do not e	enter the m	ode of dylr	ng, such as cardia	or respiratory arm	est,	T THE	Approximate Interval Betw	
W	Physician												Onset and D	eath
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	. Cere	brov	asu	ilar	HO	rident			3	3 we	eks
		<u></u>	Tooding in douing		Due to (o	r as a cons	sequenca o	f):						
Т	pet usit	를		b										
	ertificata be axecuted ing physician and a as tha burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediate causa. Enter Underlying Cause (Disease or Injury		Due to (o	r as a cons	sequence of	f):						
68760,	siclar burn	edical	Cause (Disease or Injury that Initiated events	c	D (									
	ificat g phy as th	8	resulting in death) Last		Dua to (or	r as a cons	equence of	):						
Rox		M/		d										
	death ce	Icia	Part II. Other algnificant conditions co	ntributing to death b	ut not rec	ulting in the	undodulos	001100 05	on in Dort I	non Didte	haaaa		Ab	4.4
0	by th	Physician/	11	intributing to death be	ut noi rast	aning in the	undenying	cause giv	an meatt.	230. Did to	bacco usa co		ably 4 L	
S,		by P	Hypertension								PS ZUPNO	3   P100	abiy 4 C	JIIKHOWH
Hecord	law requiras that as been signed I	Completed I	Penpheral Valvular Hea	rscular	Dise	rase				24a. Was a perform	n eutopsy ned?	con	re autopsy fir illable prior to appletion of ce leath?	ndings buse
ř	The I	E O	Valvular He	art Ducer	ICP					1 □ Ye	s 2 No	1	Yas 201	Vo
		Be	25. Was case referred to medical examiner?	W 17130	(30				26. Place of Dee	eth (Check only on	e)			
_	5 00	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 🗆 Inpatia	nt 2	ER/Outpati	ient 3 🗆 🖸	Oth Oth	er: 4 Nursing H	oma 5 Reside	nce 8 Othe	er (Specify	)	
	ng Pi		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28e. Date of Injur (Month, De)	y Year)	28b. Time Injury		28c. Injun World		28d. Describe ho				
DIVISION OF	Attending Physician: It death. Sector: After this cartific by the funaral director.	atic	2 Accident Invastigation			,,	М		Yes 2 □ No					
Ž	or Att aftar d Direct I in by I	Certification:	3 ☐ Sulcide 6 ☐ Couid nof be 4 ☐ Homicide determined	28a. Placa of Injubuilding, ato	ury - At ho	me, farm,	street, facto	ry, office		28f. Location (St.		er or Rural	Routa Numb	oer,
ב	rai D													
	Hosp 24 hor Fune taly fi	edical	Check only 2 Medical Exam	alcian: To the best of nar: On the basis of	examinat	vledge, dea	ath occurred	d at the tim	ne, dete end place	, and due to the ca	use(s) and ma	nner as ste	eted.	
	To the Hospital or Attending Phywithin 24 hours after death, within 24 hours after death, completaly filled in by the funaral completaly filled in by the funaral	Med	29b. Signature and titla of certifier	and manner sta	ted.									
		-	and the or certiller	01		,		9c. License			d. Date signed			. /
	10	-	" / with leve	12- Coli	en	M		Us	13157		recem	ble	1,199	6
	·		30 Name end address of person who c	ompleted ceuse of de	eath (Item	23a) (Type	e, Print)	1	04100	, Silver	. C .		. 7 7	13:0
	Ste	100	31. Date filed (Month, Day, Year)	32 Registra	o'/(	ure ()4	orgno	117	E 41-5100	, arver	Sprin	19, NV	10 20	1910
	Sta Registra		DEC 1 0 1006	dista.	anida	- Band	-							



-			51	ate of Maryland		tificate of			Reg. No.	39044	
	Physic		Decedent's Name (First, Middle, Last)  GLORIA	J. H	ACK			2. Date of Dea Month	Day	3. Time of Death 3:30 AM	
	/Medi Examir		4a. Facility Nama (If not institution, giva street				4b. City, Town, or	Location of Death			
			HOLY CROSS HOSPIT	AL			SILVER	SPRING	MON	TGOMERY	
	Funeral Director		5. Social Security Number 6. Sax 101-14-4937	7. Age (In yrs. ia	st birthday)_ Yrs.	If Under 1 Year Months Deys	if Under 24 Hr Hours Mir		v. Year)	9. Birthpleca (State or Foreign Country) NEW YORK	
	and *		Usual Rasidance of Decedent  10a. Stete 10b. County	10c. City.	Town or Loc	eation				10d. inside City Limits	
	daryte f aho	ŏ		1.55. 5.1,						1 🕱 Yes 2 🗆 No	
	28e	Director	MD. MONTGOMERY  10e. Streel and Number		SITAR	R SPRING			10g. Citizen of Wh	net Country?	
	3ª or	0	1220 BLAIR MIL	I. BD. #J103			0910			S.A.	
	death	Funeral	11. Marilai Status 12. W	es Decedant Evar in U.S	. 13. W	Vas Decedeni of H	lispanic Origin? (	Specify Yes or No-	14. Race	Amarican Indian,	
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or flems 23a or 28a-1 show ant, the Medical Examinet must be notified at	by	1) Navar Married 2 Married 1	med Forces?  ☐ Yas 2 M No Yes, Give aar or Dates:		Yas, specify Cube  ☐ Yes 2 No	Specify:	rto Rican, alc.)	Biack, Specify:	White, atc. WHITE	
5-0	72 ho	ted	15. Decedent's Education (Specify only highest greda com	infotod)	16a. Deced	ent's Usuai Occup	ation	arkina	16b. Kind of Buainess/Industry		
121	ithin ne.	Completed	Elementery/Secondary (0-12)	oliega (1-4or 5+)	life. D	O NOT use retired	1)	Jiking	SOC		
7	her th		17. Father's Name (First, Middle, Last)			SECRETAR		10 <sup>10</sup> 7-1-1 0 61 d-61-		N CHEMICAL	
and	d 2 should be filed within the and Mental Hyglene. 7 is marked other than treumstic avant, the Mental treumstic avant, the Mental treumstic avant, the Mental treumstic avant.	Be		Acut				ame (First, Middle,	and the second		
Z	hould Me mark mark	2	ROBERT H  19a. informant's Name/Relationship (Type, P	ACK	19h Mailin	n Address (Street		OPHIA Rural Route Numbe	1 14	KNOWN	
M			DOUGLAS R. IORIO/N	,	5497			ELLICOTT			
re,			20a. Method of Disposition	20b. Ple	ce of Dispos	ition (Neme of		Dete		ity or Town, State	
E	Paga ent o nt: If ry or		1 ☐ Burial 2 【Cremation 3 ☐ Ramov 4 ☐ Donation 5 ☐ Other (Specify)	al from State		CREMATO		12/14	סיוודס	DALE, MD.	
Baltimore,	permit. Pagas : Department of F important: if its any injury or of once.		21. Signature of Funeral Sarvice Licensee	0111		Name and Addra		12/14	MIARW	DALE, NO.	
m	80 E 8 8		21/11/Chamb	MO009	วา พ	W CHAM	BERG CO	TNC ST	ממס מיתוד	ING, MD.20910	
g e	Physician	0	23a. Pert 1. Enter the diseesa, or complication shock, or heart failura. List only one can	of that caused the death. use on each line.	Do not ente	r the mode of dyin	ng, such as cardia	ac or respiratory ar	rest,	Approximate Intervsi Between Onset and Death	
4	/Medical Examiner		immediate Ceusa (Finai disease or condition resulting in death)	Metastat	10 1	ancre	atic (	Conco	/	6 months	
		7	resulting in Geath)	Due to (or	as a consequ	uence of):					
-	nsit	Examiner	b								
Ć,	cata be executed physician and the burial-transit	Еха	Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying	Due to (or a	as e consequ	ience of):					
58760,	ysicie	dical	Cause (Diseese or injury that initiated eventa	Dua to (or a	as a consequ	enca of):					
_			resulting in death) Last	(							
Вох	death certifi e attending od for use es	an	d				-			1	
0.		Physician/M	Part II. Other significant conditions contribut	ing to death but not result	ting in the un	darlying cause giv	en in Pert i.	23b. Did t	obacco use conti	ribute to the cause of death?	
s, P.(	£ 25	by Phy						101	fes 2□No 3	Probably 4 triknown	
Record	been s should	Completed						24e. Was perfor	en autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?	
	65 E 55	E						1 🗆 Y	es 20N6	1 ☐ Yes 2 ☐ No	
Vital	ysician: The s certificata director, pag	Be	25. Wes case referred to madical examinar?				26. Place of De	eath (Check only o	ne)		
of V	Physician: this certific ral director,	2	1 ☐ Yes 2 ☐ No Hospit	el: 1 ☐ Impatient 2 ☐ E	R/Outpatient	3□ DOA Oth	er: 4 Nursing	Home 5 ☐ Resid	ence 6 Other	(Specify)	
ono	After funa	tion:	27. Manner of Death  1 Naturel 5 Pending 2 Accident investigation	a. Date of injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Wor M 1	yat k? Yes 2 □ No	28d. Describe h	ow injury occurred		
Division	if or Attendi after death. Director: A d in by the fi	Certification:	3 Suicide 6 Could not be	e. Place of Injury - At horn building, etc. (Specify)	na, farm, stre	et, factory, office		28f. Location (S City or Tow		or Rural Route Number,	
_	To the Hospital or Attend within 24 hours after death To the Funeral Director: complately filled in by the	edicai Ce	29a. Certifier (Check only 2 Medical Examiner: C	To the best of my knowl	edge, death	occurred at the tin	ne, date and piac	e, and due to the	cause(s) and mann	ner as stated.	
	the H		one) a	nd manner slaled.	III alliador litve						
	No.	Σ	29b. Signature and tille of certifiar	un)		29c, Licans	a number			Month, Day, Year)	
			runche			D:	5522	7	Decemi	sex12, 1996	
			30. Name and address of person who complete Rown July and	ed cause of death (Item 2		rint)	m Dr	Rock	relle M	Derl'2, 1996 40 20852	
	Sta Registr		31. Data filed (Month, Day, Year) DEC 1 3 1996	32. Registrar's Signatu		4.					

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Veer **Physician** Kathryn M. Hargett 7, 1996 December 7:18 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1908 Glen Ross Road Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. | Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year)
June 12, 1911 Maryland Birthpiece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Deys 1 □ M 2 □ F Yrs. 212-03-6872 85 Director Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits the Marytar 1 X Yes 2 No Director 28a-fi MD Silver Spring Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? must be n 1908 Glen Ross Road 20910 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: "natural", or itama idical Examiner m Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Bleck, White, etc. 72 hours after 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ANo Specify: PV Specify: 3 ☐ Widowed 4 ☐ Divorcad White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filled within in and idential Hygiene. Int! If item 27 is merked other than "rury or other traumedc event, the Med Elementery/Secondery (0-12) Coilege (1-4or 5+) Telephone Supervisor Communications 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) James W. Thompson Katherine M. Barrett 19a. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1908 Glen Ross Road, Silver Spring, MD 20910 John A. Hargett 20b. Pieca of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Buriai 2 ☐ Cremetion 3 ☐ Removei from Stete Department or Important: If I any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 12/11/96 St. Mary's Cemetery Rockville, MD 22. Name and Address of Facility. Francis J. Collins Funeral Home, Inc. 21. Signeture of Funerel Service Licansee 500 University Blvd. W., Silver Sprg., MD 20901 anne 23a. Peril. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Intervai Betwe Onset and Death **Physician** /Medical immediate Cause (Finei disease or condition resulting in deeth) Examine MONTHS Examiner physician and the budal-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): 980 signed by the a Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? page 2 s certificate 1 ☐ Yes 2 ☐ No funeral director, 25. Was case referred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No ပ 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28e. Dete of injury (Month, Day Year) Certification: 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pieca of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 6 Hospital 24 hours a 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely f (Check only 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certif 29c. License number 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)
CARLLYN B. HENDRICKS M) 9707 mg 9707 MEDICAL CEN PER DR My 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State DEC 1 1 1996 Ilia Davidson

**DHMH 16 Rev 6/95** 

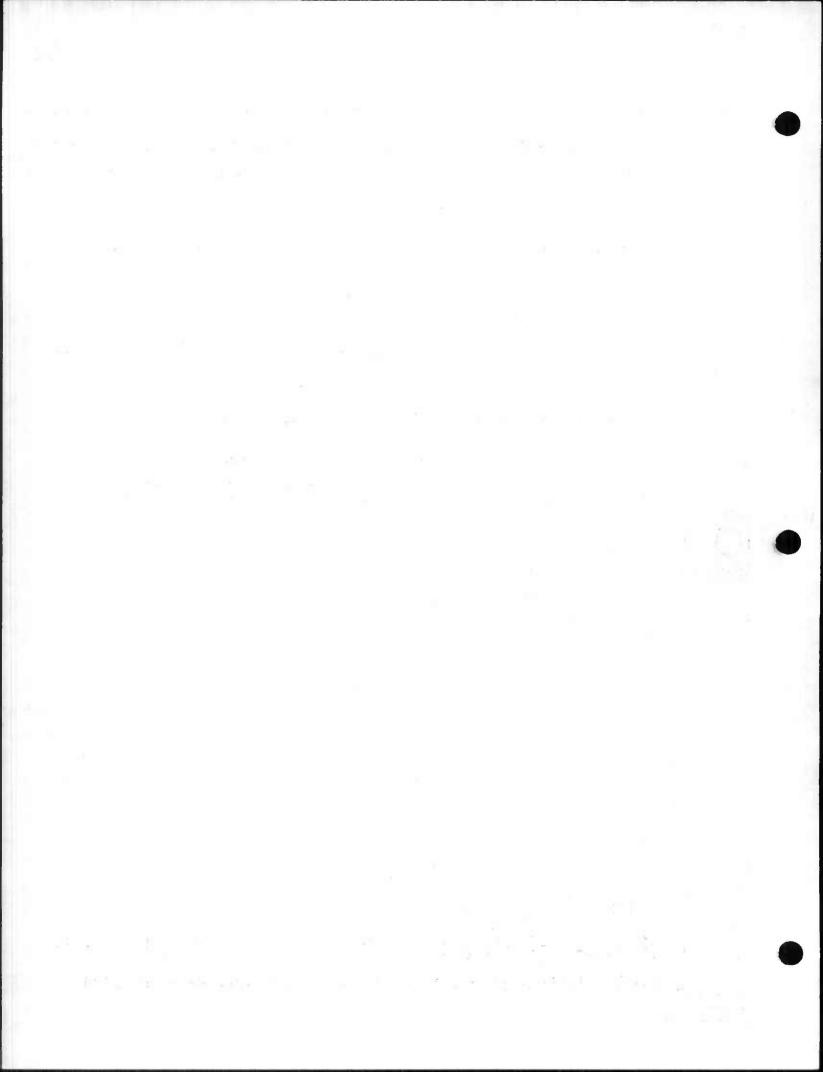
Registrar

1.7	.1.1		State of M	aryland	/ Departmen	t of Health ar e <i>of Death</i>	nd Mental H	ygiene	36 39046		
			Decedent's Name (First, Middle, Last)		Certificati	o Dealli	2. Date of D		3. Time of Death		
	Physic /Med Exami	ical	RANDOLPH  4a. Facility Name (If not institution, give street and number)		HARRI		Month DEC . 0	Day  1 1 County	96 11:16 PM		
	Funeral, Director		I 295 and MD RTE 50 5. Social Security Number 6. Sex 578-88-5610	ne (In yrs. last 38	Yrs. If Under Months	FAIRMO	UNT HET		TNCE GEORGES		
	Maryland P-f show	tor	Usuel Residence of Decedent  10a. State 10b. County  DC		own or Location shington				10d. Inside City Limits 1 🛣 Yes 2 🗆 No		
	th with the 23a or 28a	al Director	10e. Street end Number 55 M Street, N. W.		10f. Zip	20001		10g. Citizen of V United	· ·		
020	filed within 72 hours efter death with the Manyland Hygiene. ther than "natural", or items 23a or 28a-f show ther than Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent Armed Forces?  12. Yes 2 If Yes, Give Year or Dates:		13. Was Deced If Yes, spec	ent of Hispanic Origin ify Cuban, Mexican, F XI No Specify:	? (Specify Yes or Noverto Rican, etc.)	o- 14. Rac Bied Specify	e - American Indian, ck, White, etc. c: Black		
21215-0020	be filed within 72 ho ttel Hygiene. d other than "natur event, tre Medical	Completed	15. Decadent's Education (Specify only highest grade completed)  Elementary/Secondery (0-12)  Coilege (1-4or 8	5+)	6a. Decedent's Usua (Give kind of wor life. DO NOT us Mail		working		ate Industry		
73	S d is o	To Be C	17. Father's Name (First, Middle, Last)			18. Mother's	Name (First, Middle Le Mae Ha.	e, Maiden Sumen			
	nd 2 sh lith end 27 is m r traum		19a. Informant's Name/Relationship (Type, Print) Felecia Jones Harrison (w		19b. Mailing Address 55 M Stre	(Street and Number o					
altimore,	permit. Pages 1 end Department of Healt Important: If Item 2: any Injury or other: once.		20a. Method of Disposition 1 □ Removei from State 4 □ Donation 5 □ Other (Specify)	ceme	e of Disposition (Name efery, crematory or of elenwood C	her placa)	Dete 12/10/9		City or Town, Stete		
Ball	Departition Depart		21. Signeture of Funeral Service Licensee		R. N.	Address of Fecility Horton Co. nnedy Stre	Morticia	ans, Inc	•		
	Physician /Medical		23e. Part1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each list Immediate Cause (Final)	the death. D	Do not enter the mode	of dying, such as ca	rdiac or respiratory	arrest,	Approximate Interval Between Onset and Death		
	Examiner	er	disease or condition resulting in death) a.	Due to (or as	a consequenca of):	Lyur	ત્ય				
'n.	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury c.	Due to (or es	a consequence of):						
x 68/60,		Medical		Due to (or es	a consequenca of):						
O. BOX	it the death certific by the ettending pl tached for use es i	Physician/M	Part II. Other significant conditions contributing to death be	ut not resulting	g in the underlying ca	use given in Part I.	· 23b. Die	I tobacco uea cor	ntribute to the cause of death?		
J.	es tha igned be de	by									
Hec	hes been ge 2 shou	Completed									
	Physician: The trible certificate and director, page	Be	25. Wes case referred to medical examiner?				Deeth (Check only		1 Yes 2 No		
Vision of	this raid	ertification: To									
<u>א</u>	I o the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	O	4 Promicide building, etc	(Specify)	farm, street, factory,		RTS S	V and 2	er or Rural Route Number,		
	in 24 hc he Fun pletely (	edicai	1 Certifying Physician: To the best of Medical Examiner: On the basis of and manner ste	exemination a	ige, death occurred e and/or investigation, i	t the time, date and p in my opinion, death o	laca, and due to the occurred at the time	cause(s) and ma , date end place, a	nner as stated. and due to the cause(s)		
i	Vith To 1	Σ	29b. Signature and title of certifier	and)		License number			(Month, Day, Year) R 02, 1996		

State Registrar

31. Date flied (Month, Day, Year)
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The property of the property o 111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene 95 39047

			400 . A A A A	41			rtificate c				Reg. No.		1
Physi	cian	1. Decedent's Nama								2. Date of De Month	Day	Year	3. Time of Deat
/Med		4a. Facility Name (If	ARCELLA	E.		LDER		Ah Cihi	Tour or Lo	DEC.		996	6:15 A
Exam	iner	5015		DR. #8									EDV.
Funera		5. Social Security Nu			. Aga (In yrs.	last birthday)	If Undar 1 Ya		eTHEST er 24 Hrs.			NTGOM 9. Birtho	
Directo	_	470-22-8 Usual Residence of I	0000	□ M 20 <b>X</b> F	73	Yrs.	Months Day	ys Hours	s Min.	8. Date of Bir (Month, Da SEPT. 1	y, Year) 9,1923		placa (State or For htry) NESOTA
show	_	10a. State	10b. County		10c. City	y, Town or Lo	ocation					1	Od. Inside City Lin
28a-f shon	cto	MD.	MONTGO	MERY .		BETH	ESDA						1 XYes 2 □
23a or	rai Director	10e. Street and Num		DR. #8	2		10f. Zip Cod	816			10g. Citizen of	What Cour	
or item	by Funeral	11. Marital Status  1 Never Marries  3 Widowed 4		12. Was Deceding Armed Force 1 Telegraph Yes 2 If Yes, Given Year or Date	es? LijiNo		Was Decedenfor If Yes, specify C 1 ☐ Yes 2 ☐	uban, Mexic	can, Puerto I	cify Yes or No Rican, atc.)		ca - Americ ck, White,	
ne. han "nat e Medici	Completed	(Specifi Elementary/Second	15. Decedant's Ed y only highast gra dary (0-12)	lucation de com <i>pleted)</i> College (1-4	for 5+)	(Give life. L	dent's Usuai Occ kind of work do DO NOT usa ref	ne during m ired)	ost of workii	ng	16b. Kind of B	usiness/Ind	dustry
Hygir ther	S	17. Father's Nama (F	Irst, Middle, Last)			4	ACCOUNT.		ther's Name	/First Middle	Maiden Sumar	GOV '	т.
d o	To Be	HERE			DALL					RIVLE		HFORD	
end k		19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Addrass (Street and Number)											
		RICHARD IHLDER/HUSBAND SAME AS ITEM #10											
t. Pege rtment o tant: if			sition Cremation 3 Othar (Specify		ate	emetery, cren	sition (Name of natory or other p	olace)		Data	20c. Location		
		21. Signature of Fund		-	CH		CREMATO			2/11.	RIVE	RDALE	, MD.
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nysician Medical		Immediate Cause (F	failure. List only	one cause on aac	ch line.	n. Do not ente	er tha mode of o	tylng, such	as cardiac o	r respiratory a	TVER S.	PRING	Approximata Intervel Batwee Onsat and Dea
nysician Medical xaminer		Immediate Cause (Fi disaase or condition resulting in death)	failure. List only o	one cause on aac	sed the death th line.	US CELL	L CANCE:	tylng, such	as cardiac o	r respiratory a	ILVER S	PRING	Approximata Intervel Batwee
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State Registrar

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notified at

shows any injury, or other traumatic event, the medical examiner must be

1 Natural 2 Accident

3 Sulcide

4 Homicide

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	1 - FOR STATE REGISTRAR	STATE OF MARYL					EALTH AND	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	)						2. DA	TE OF DEATH		T	3. TIME OF DEATH
	Felisa Parang	gan Jayme						MO	cember	y 9. 19	YEAR	23:33 M
	4. SOCIAL SECURITY NUMBER		(in yrs. lest	birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH	, <u>, , , , , , , , , , , , , , , , , , </u>		LACE (State or Foreign
	573-69-4198	1 M 2 K F	77	YRS.	MONTHS	DAYS	HOURS MIN.	(Mc	ary 7,	1919	Country)	lippines
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CIT	Y, TOWN (	OR LOCATION OF D				TY OF DE	
DIRECTOR	Laurelwood Nursin	ng Center			_ E1	kton				Cec	:11	
입	10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
뜽ㅣ	Maryland (	Cecil		1	E1kt	on					- 1	LIMITS?
	10e. STREET AND NUMBER						I. ZIP CODE	_				1 YES 2 NO
RA						100				100		IAT COUNTRY?
빌	119 Whitmore Driv						21921				ea S	tates
FUNERAL	1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARN 2 ⊠NO	MED D	13.	If yes, sp	ENDENT OF HISPA	NIC ORK	SIN? (Specify Yea o Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
B	3 🛭 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	DATES				2 NO Speci		, , , , , , , , , , , , , , , , , , , ,	- 1	Specify:	Filipino
	15. DECEDENT'S ED	I CATION	T 22. 222									•
E	(Specify only highest grad	le completed)	(G/v	w kind of a	vork done	during mo	ON est of working	1	6b. KIND OF BUS	SINESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			,		Sales	- 1,	Wholesa	1 o Dw		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Se.	ri-e	пЪто	yeu					oduci	2
							16, MOTHER'S N.			Sumame)		
BE	unknown						Petra					
5	19e. INFORMANT'S NAME (Type/Print)						and Number or Rural					
- 1	Lerida Adelman /	Daughter	[1]	19 W	hitm	ore	Drive, E	Elkt	on, MD	2192	.1	
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremetion 3 ☐ Rer	moval from State Col	b. PLACE Al	ND DATE	OF DISPO	SITION (Ne	ame of	10%	1 7 20c. LO	CATION — C	Sity or Town	n, State
	4 Donation 6 Other (Specify)	R.	. A.	Ferr	is (	Crema	atory	126	West	Che	ster,	Penna.
- 1	21. SIGNATURE OF FUNERAL MERVICE L	DENGEE					Funeral					
- 1	Marie of	100/						_				
	23. PART I. Enter the diseases, or	complications that cause	d the dee	th Do r	12	/ So	uth Mair	1 SE	reet, N	ortna	eas	t, MD 21901
	ahock, or heart failure.	. List only one cause on e	each line.	50 1	iot oriter	the ino	de or dynig, sur	Un als Ca	ironac or respi	ratory arri	Jat,	Approximate Interval Batwean
- 1	IMMEDIATE CAUSE (Final disease or condition				4	<b>S</b>						Onsat and Daath
!	reaulting in death)	a. Thetastack  DUE TO (OR AS	c Co	7	10	Liv	Ver.					10/96
												0/01
8	Sequentially list conditions,	DUE TO (OR AS	7 1	duc	Vas.							10 46
RTIFICATION	if any, leading to immediate	1-	4									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Detell		rell								3/93
# I	that initieted events resulting in death) LAST	DUE TO (OR AS A		UENCE OI	F):							-101
CER	rosulting in death) Exs.	d. CVA										7/94
	PART II. Other significent condition	ns contributing to deeth t	but not m	aulting	n the w	nderlyini	n cause given in	Part i	24e. WAS AN	ALITOREY	245 11	TOTAL ALITHONOUS TRANSPORTER
3				and the same		· · · · · · · · · · · · · · · · · · ·	g cause group in	rost i.	PERFOR		A	VERE AUTOPSY FINDINGS
									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ						_			1	, ,	1	YES 2 NO
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE C					UNCERTAI	N 🗆				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check							
XS	1 TES 2 TNO.	1   Inpetient 2   ER/Out	patient 3	DOA			e 6 🗆 Residence	6 🗆 Ot	her (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Yeer)		28b. TIM	E OF URY	26c. INJ WO	URY AT	26d. D	ESCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			1,407	М		YES 2 NO					

1 YES 26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)

2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D04823 29d. DATE SIGNEO (Month, Day, Year)

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

HOOL West 42 223 21921 mali Md

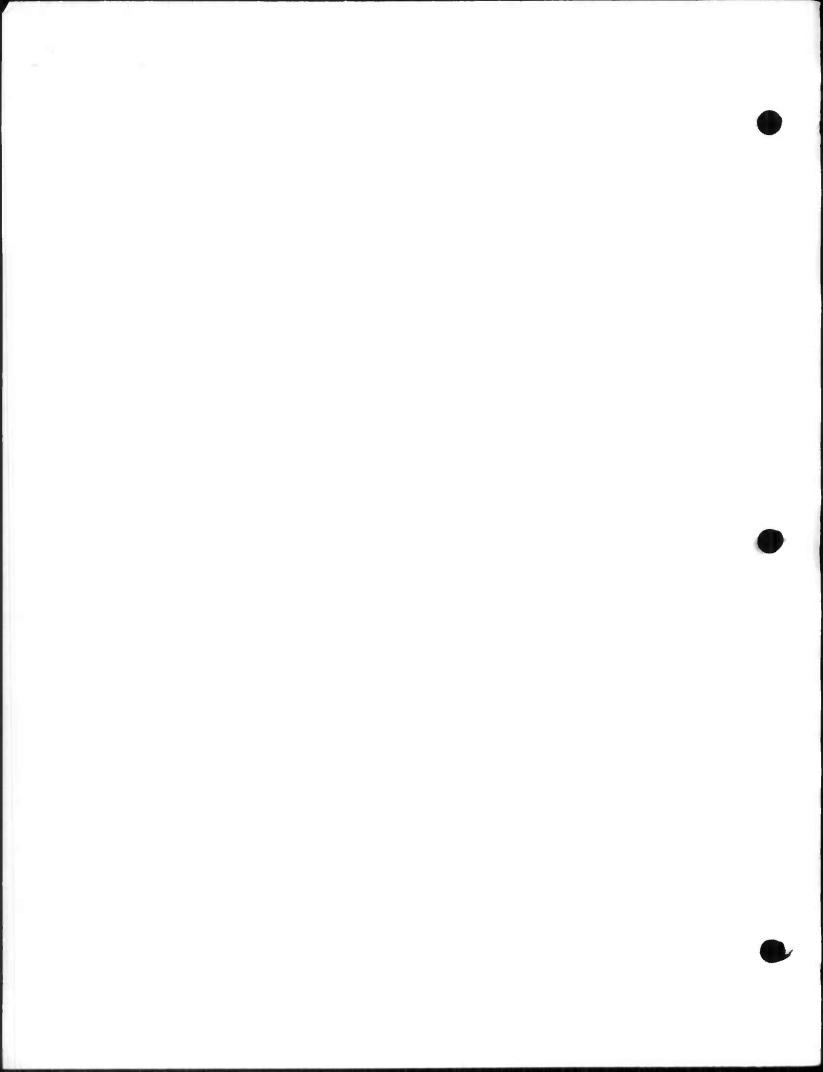
31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE DEC 1 2 1996

8 Could not be

m. Hac

DHMH-16 Rev 1/89

10/9



State of Maryland / Department of Health and Mental Hygiene 96 3901. 9

						Cer	tificate of	Death		Reg. No.	0 0	3043		
Physici	an	1. Decedant's Nama	(First, Middla, La	ist)					2. Date of D Month		Yaer	3. Tima of Death		
/Medic		ALPH	ONSO			20	hiso		Decom		1996	03:30 1		
Examir	ner	4a, Facility Nama (If r	not institution, giv	ve street and number)				4b. City, Town,	or Location of Dea		ty of Death			
		5. Social Security Nur	SIS No	ome wood			H Under 1 Yea	lue P		20	city			
Funeral Director		579-05-3234		Sex 7. Ag	ga (In yrs. last) 82	Yrs.	Months Days			rth ay, Year) 1914	9. Birthplac Country HOWARD	ce (Stata or Foraign		
natural, or Nems 23s or 28s-f show		Usual Residence of D 10a. Stata	10b. County		10c. City, To	own or Loc	ation				10d	Insida City Limits		
는 R	ō	MD			BAI	LTIMOF	Œ				100.	1 Yas 2 No		
r 28a	Director	10e. Street and Numb	ber				10f. Zip Coda			10g. Citizen of	What Country	7		
38 o		6000 BELL	ONA				21212			US				
E III	Funeral	11. Marital Status		12. Was Decedant Armed Forces?	Evar in U,S.	13. V	as Decedant of	Hispanic Orlgin?	(Specify Yes or Nerto Rican, atc.)	o- 14. Ra	ce - Amarican			
soical Examiner must be notfled at	by	1 ☐ Naver Merriad 3 🗓 Widowed 4		1 Yas 2 X If Yas, Giva Year or Datas:			☐ Yas 2 No		eno Hican, atc.)	Specia	ack, Whita, atc	THE RES		
ical.			5. Decedent's E	ducation	16	a. Daced	ent's Usual Occu	pation		16b. Kind of E	Businass/Indus			
	Completed	(Specify Elamentery/Second	only highast gradary (0-12)	ade completed)  College (1-4or :	5+)	(Giva I lifa. D	and of work done ONOT use retir	a during most of ved)	vorking	6		25 14		
	Con	6TH	,,,,,,		.,	PAI	NIER			PRIVATE				
	Be (	17. Father's Nama (First, Middle, Last) UNKNOWN 18. Mother's Name (First, Middle, Last)						ame (First, Middle	me (First, Middle, Maidan Sumame)					
	To	UNKNOWN  19a. Informant's Neme/Ralationship (Type, Print)  19b. Mailing Addrass (Street and Number or Information of Number of Information of Info							IOHNSON					
ספופי תפתוומת פאפטר, תפיש		19a. Informant's Nem		Type, Print) SON	19				Rural Route Numb		i, Stata, Zip Co	oda)		
once.		20a. Method of Dispo			20b. Placa cemai	of Dispos	ition (Nama of atory or other pla	ace)	Deta	20c. Location	- City or Town	, Stata		
		4 Donation 5		Ramoval from Stata			OLN CEMET		12-12-96	BLADENS	BURG, MD	)		
once.		21. Signature of Funa	arai Service Licar	nsee		22.	Nama and Addr	ess of Facility						
8 8		17	7/1	Maril	>			TER FUNERA						
		23a Part Enter the	disease, or com	plications that caused one causa on sech li	tha daath. D	o not enta	r tha moda of dy	ing, such es cerd	SH. DC 200	errast.	Ar	pproximeta		
an		snock, or naur t	allure. List only	one causa on aech III	ne.						Int	tarval Between nsat and Deeth		
al		Immediata Causa (Findisaasa or condition	nel	601	lon 1	can	en	いた	meta	itaria	(	'm unth.		
er		rasulting in death)		8.	Dua to (or as									
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	cam	Sequentially list cond	litions,	b	Due to (or as	1						6 month		
		Sequentially list cond if any, leading to imm cause. Entar Undarty Causa (Diseesa or Inj	ring		(och	ex.					i	6 month		
	edical	that initiated evants resulting in death) Las		C	Due to (or es a									
4	≥		L	d							- 1			
	Physician/	Pert II. Other eignifica	ant conditions o	ontributing to death be	ut not rasulting	in tha un	darlying causa g	ivan in Pert I.	23b. Did	tobacco uee co	ontribute to th	e cause of death?		
									10	Yee 2 No	3 Probab	oly 4 Unknown		
	d by								040 1840	an autopsy	24h Wara	autoney findings		
	Completed	-								ormed?	compl	autopsy findings ble prior to letion of cause		
	du										of daa	ith?		
		OF Mar	4 4							Yas 2 No	1 🗆 Yı	as 2 No		
	9 Be	25. Was casa rafarred exeminar?		Hospital:					eeth (Check only					
	2	27. Manner of Death	)	1 ☐ Inpatia		Outpatient Time of	3LI DOA	4 🗀 Nursing	Homa 5 Rasi	dence 6 Oth how Injury occur				
	tlor	1 Neturel	5 Panding Invastigation	(Month, Day	Year)	Injury	28c. Inju Wo	ork?	4	/	160			
	flca		6 Could not be	/	ury - At home	_/_			28f Location /	Straat and Numi	her or Aural A	oute Number		
	Certification:	4  Homicida	datarmined	building, ato	. (Spacify)	do	or, receivity, cinico		City or To	wn, Stata)	501 01 110121 110	Jord Marridor,		
		29a. Cartiflar 10	D Certifying Phy	valcian: To the best of	of my knowledg		occurred at the ti	ime date and nie	ne, and due to the	nausa(s) and m	enner es etete			
	29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  1 Certifying Phyalclan: To the best of my knowledge, deeth occurred at the time, data and plece, and due to the cause(s) and mennar as st 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to end menner stated.								and dua to the	a causa(s)				
	×	29b. Signature and titla of certifier 29d. Data signed (i							ed (Month, Day	r, Year)				
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State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificat	e of	Death		F	Reg. No.	,		
		1. Decedent's Name (First, Middle, L	ast)							2. Date of Dea				3. Time of Deat
Physician /Medical	_	MARTHA LEE JONE	S							Nov.	30		996	15:10
Examiner		4a. Fecility Name (If not institution, g	ve street and no	umber)				4b. City, To	wn, or L	ocation of Death			of Death	13.10
Examine.	ı	HOWARD COUNTY	GENERAL	HOSPITA	AI.		0	Co 1umb	ia.	MD	ī	Howa	rd	
uneral	-		Sex	7. Age (In yrs.		If Under	1 Yeer	If Under	24 Hrs.	8. Date of Birth (Month, Day				lace (Stete or Fore
irector	-	579-62-2448 Usuel Residence of Decedent	1□ M 2QVF	53	Yrs.	Months	Days	Hours	Min.	Septemb	y, Yeal): per :	25,	Sout	lace (State or Fore try)  Caroli
f show		10e. State 10b. County  Maryland Prin	ce Geor		ty, Town or Lo		77						10	Od. Inside City Lim
be notified	3	10e. Street and Number	ce Geor	ges	Ca	pitol 101. Zip		ignts	_	T .	40~ ON	of 14		
23g	3	823 Clovis Av	enue				20	0743			Uni		Vhat Coun Stat	
Examiner rount Examiner rount by Funeral		11. Marital Status  1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed F	2 DNo ive		Was Deced If Yes, spec 1 ☐ Yes			gin? (Sp n, Puerto	pecify Yes or No- Rican, etc.)			e - America k, White, o	etc.
netural', pical Exe		15. Decedent's I	ducetion		16a. Dece	dent's Usua	d Occu	pation during mos			16b. Kli	nd of Bu	siness/Ind	
- 4		(Specify only highest g		(1-4or 5+)	(Give	kind of wor DO NOT us	rk done se retire	during mos	t of work	king				
ther than		12th grade				Beaut	icia	an			Se	elf	Emp1c	yed
	1	17. Fether's Name (First, Middle, Las	t)					18. Mothe	r's Nam	e (First, Middle,	Maiden	Sumam	Θ)	
arkad atic e		Gillespie		I	Myers,	Sr.		R	elor	nia	Juar	nita		Jordan
7 is marked out traumatic even To Be		19a. Informant's Name/Reletionship	(Type, Print)		19b. Meili	ng Address	(Street	and Numbe	er or Rui	ral Route Numbe	er, City o	r Town,	State, Zip	Code)
27 r	Samuel Lee Jones (husband) 823 Clovis Avenue, Capitol He									itol Hei	ohte	Ma:	rular	d 207/3
Department of Health Important: If then 27 any Injury or other tr ance.		20a. Method of Disposition 20b. Place of Disposition (Name of											City or To	
		14 Buriai 2 Cremetion 3							.6,1		-		-	
niu.	١,	4 Donation 5 Other (Spec		FOI	rt Line				1		Bren	itwo	od, Ma	ryland
any i		21. Signature of Funeral Service Lice	nsee		38	2. Name and 3.3.1 Ge	Addre	ess of Facilit	y La	atney's	Fune	eral	Home	Inc.
		23a, Part1. Enter the disease, or or	inlications that	mon								uigu	оп, Б.	
	L	23a. Part1. Enter the disease, or consher, or heart failure. List	one cause on	each line.	ii. Do not on	or the mode	o or oyr	ing, such es	Carolac	or respiratory en	reat,			Approximate Interval Between Onset and Deeth
sician edical	Ι.	Immediate Cause (Final			-								- 1	Oliser and Deeth
miner	- 0	disease or condition resulting in deeth)	a and	otic &	ncer	shalo	100	athy					1	5 days
		esolding in deetil)		Due to (c	or es e consec	quence of):	1							1
in and rial-transit Examiner		_	· acc	Due to lo									15	s days
tran trans	13	Sequentially list conditions,	D.	J Due to (o	r as a consec	quence of):								J
E la	15	Sequentially list conditions, fany, leeding to immediate cause. Enter Underlying Cause (Disease or Injury het Initiated events											ŧ	
physician and s the burial-transit stop burial-transit	1	Dause (Disease or Injury het Initiated events resulting In death) Last	C	Due to (o	r as a conseq	uenca of):							-	
A Bing	Ι΄	esoning in death) cast	d	-										
sate has been signed by the attendin page 2 should be detached for use Completed by Physician/N	8	Part II. Other eignificant conditions	contributing to d	eath but not res	ulting in the u	nderlying ca	ause gi	ven in Part I.		23b. Did to	obacco	uee con	tribute to	the cause of dear
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page Don										1 🗆 Y	es 25	No	1 🗆	Yes 2□ No
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his cer al direc		examiner? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	ER/Outpatien	it 3□ DO.	_ Oth	200		me 5 Resid		R □Othe	r (Specific	1
aral di	2	7. Manner of Death		of Injury th, Day Year)	28b. Time of		Bc. Injui	-	raing ric	28d. Describe h				/
al Director: Attar tiled in by the funeral Certification:		1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation		th, Day Year)	Injury	М		rk? Yes 2⊟1	No					
y the		3 ☐ Suicide 6 ☐ Could not b	000 010-	of Injuny - At he	ma farm ata					28f. Location (S	traat and	d Alumba	or Or Pural	Pourto Alumbur
E E		4 ☐ Homicide determined	buildi	of Injury - At ho ing, etc. (Specif)	y)	eet, ractory,	, OTHCO			City or Town	n, Stete)	) Wullibe	er or murai	Houte Number,
To the Fundal Diffector: Attar this certificate he completely filled in by the funaral director, page Medical Certification: To Be Com								and due to the cause(s) and menner as stated						
To the Funeral Director: complately filled in by tha Medical Certificat	29e. Certifier (Check only one)  1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete and place of the control of the contr							h occur	ce, and due to the cause(s) and menner as steted.  curred et the time, date and place, end due to the cause(s)					
To The Local	29b. Signature end title of certifier 29c. License number								2	29d. Date	e signed	(Month, L	Day, Year)	
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State	3	1. Date filed (Month, Day, Year)		e elstrar's Signa										
egistrar		DEC 11 19	95 84	an attioned	artenda	Ľ,								

G-743 1/31/97 t.t State of FilmG742 item 23,27 per ME 12-27-96 rja

**Physician** /Medical **Examiner** 

**Funeral** Director

the Maryland 28a-f show must be notified at with 6 238 death items 6 natural.

21215-0020

Baltimore, Maryland

Box 68760

P.O.

Division of Vital Records.

Hospital or Attanding Physician:

traumatic avent, the Medical Examiner filed within 72 hours after d 2 should be filed within 7 th and Mental Hygiena. . Pages 1 end 2 should be ment of Health and Menta lant: If Item 27 is marked of lury or other traumatic av permit. Page Department of Important: If any Injury or once.

Physician /Medical Examiner

The law requires that the deeth certificete be executed and the buriel-trar ettending physician 80 signed by cata has been significant catalogues and catalogues are specificant. After this certificata death. after death Director: illed in by the To the Hospital within 24 hours a To the Funeral Completely filled

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2 Date of Death 3. Time of Death Month NOV. Dey 30 DEC. 02, 1996 30 Year JONES ERNEST L 1101A 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death WASHINGTON ADVENTIST HOSPITAL MONTGOMERY TAKOMA If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **₩**M 2□ F Months Days 579-68-5638 53 Yrs North Carolina Usual Residence of Decedent 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits DC Washington 1 Yes 2 □ No Director N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 20018 Funeral 1511 \_Franklin Street N. E. #107 12. Wes Decedent Ever in U,S. Armed Forces?

1 ⊠ Yes 2 □ No if Yes, Give Year or Detes: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2K Married 1 ☐ Yes 2 ☑ No Specify: þ Specify: Black 3 Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Self employed Painter 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Hilliard Hilliard Dorothy Thessalonia 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1511 Franklin St. N. E. #107 Hilliard Bernardette Washington DC 20018 20e. Method of Disposition 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Marshall's Funeral H ome Street, N. W. Quantico National 21. Signature of Funeral Service Licensee 22. Name and Address of Facility narsa 20011 Washington, DC 23a. Papil. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear feilure. List only one cause on each line. Approximate interval Betw Onset and Death immediete Cause (Final a. METASTATIC ADENOCARCINOMA WITH COMPLICATIONS disease or condition resulting in death) Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es e consequenca of): Physician/Medical Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Inspection 1□ Yes 2M No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Placa of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ Propertient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. Menner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 1 (Naturei 2 ☐ Accident 5 Pending Investigation 1 TYes 2 No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, end due to the cause(s) and menner as stated.

\*\*Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

OCME

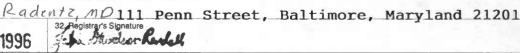
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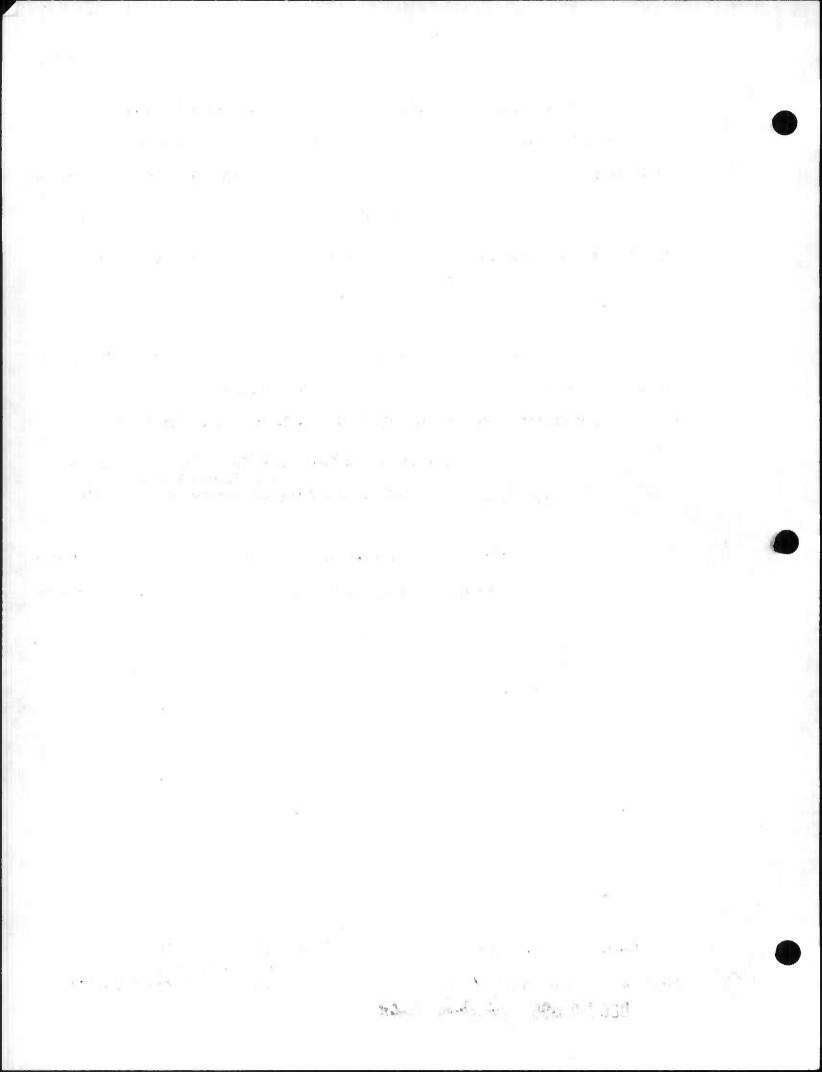
Stephen

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 96 39052

Physiciar /Medica Examine		1. Decedent's Name (First, Mic	ddle, Las	st)							2. Data of De		Mr	3. Tima of Death
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	_	4a. Facility Name (If not Institut	tion, give	a straat and nu	m <i>ber</i> )				4b. City, To	wn, or Loc	cation of Death	4c. Count		0.120_111
		Mariner Hea	1th	Care					Kensi			Montg	omery	
ral tor		5. Social Security Number  579–12–9455  Usual Residence of Decedent	6. S	ex □ M 2 <b>4⊡4</b> F		s. lest birthday)	Months	ar 1 Year S Days	If Under Hours	Min.	8. Date of Birt (Month, De July 19	th y, Year) 9 1920		ce (State or Foreign) ngton DC
leted by Emerel Director	-	10a. State 10b. Coun	nty		10c. 0	City, Town or Lo	ocation						100	d. Inside City Limit
Š	ğ				Was	shingto	n DC							Yas 2□N
202	Director	10e. Straet and Number					10f. Z	ip Code				10g. Citizan of	What Countr	γ?
2	2	1367 Sheridan	Str	eet. N.	.W.			20011			ı	United S	States	
hy Fringe	2	11. Marital Status  1 Navar Married 2 Maries 2 Married 2		Armed Fo 1 ☐ Yas If Yes, Giv	2 No			edant of H		gin? (Spec , Puerto P	cify Yas or No Rican, etc.)	- 14. Rad Bla	ce - America ick, White, et	n Indian, Ic.
3	<u> </u>	3 ☐ Widowad 4 ₩ Pivorce		Year or D	ates:						1			
Completed	ompiere	15. Decede (Specify only high Elementary/Secondary (0-12	hest gree	completed) College (1	1-4or 5+)	16a. Dece (Give life.	o kind of w DO NOT	ual Occup vork done use retired	ation during most d)	t of workin	g	16b. Kind of B		
		17. Father's Name (First, Middl	a, Last)			Teac	ner		18. Motha	r's Name	Secondary School me (First, Middle, Melden Surneme)			
S C	0	Herman /	Aski	ns										
	Herman Askins Ethel Buckner  19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, 2									, Stata, Zip C	Code)			
Department of Health and Mer Important: If item 27 is marke any injury or other traumatic once.		Adrienne J. He	erri	ott Da	aughter	9602	0akwa	ood A	ve. L	anhar	m, Mary	/land 20	706	
		20a, Method of Disposition  1 Burlal 2 Cremation  4 Donation 5 Other	n 3 🗆	Removal from	Stata Co.	Place of Dispo cematery, crei				2.0	Date	20c. Location		
ortant: If injury or		21. Signature of Funeral Service			Ga	te of				2-9-9		Silver S	Spring	, Md.
once.	T	7 7		4.0	-							ood, Mo		22
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al		23a. Part. Enter tha disaase, shock, or heart failure. Li Immediate Cause (Final disease or condition resulting In deeth)	or comp ist only o		YPOYE,	ath. Do not and	RA IN	oda of dyir	ng, such as	cardiac or	respiratory a		1 /	Approximata nterval Between Onset and Death
ical Examiner	Lyanmid	Immediate Cause (Final disease or condition		а Н	Due to	ath. Do not and	quenca of	ode of dyir	ng, such as	cardiac or	respiratory a			Approximata nterval Between Onset and Death
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Certification: To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting In deeth)  Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other eignificant conditions are underlying to the condition of t	tione co	a	Due to  Due to	ath. Do not and  (or as a consector	quenca of guenca of guenca of M	cause giv	ren in Part I.  26. Place lef: 45 Nur  y at k? Yes 2 \( \text{Nu} \)	of Death rsing Hom 28	23b. Did 1 1 1 24a. Was perfo 1 1 1 (Check only one 5 Resided. Describe in the control of the co	tobacco use co Yes 2 No an autopsy mad?  Yes 2 No ne) Jenca 6 Oth	pontribute to t  3 Proba  24b. Werravail common of de to the commo	Approximata nterval Between Onset and Death  2. 400 The Cause of death  the cause of death  bly 4 Unknow  a autopsy findings able prior to pletion of cause seath?  Yes 2 No
To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting In deeth)  Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause or Injury that initiated events resulting in death) Last  Part II. Other eignificant conditions in the condition of the cond	tione co	a	Due to  Due to	ath. Do not and  (or as a consector	quenca of quenca	cause giv	26. Place Per: 4 Num Yes 2 Num Yes 2 Num The date and pinion, deat a numbar	of Death rsing Hom No 26	23b. Did to the control of the time, of the	iobacco uee co Yee 2 No an autopsy rmad?  Yes 2 No ana utopsy rmad?	24b. Werravail comported to the contribute to the contribute to the contribute to the contribute of th	Approximate interval Between Onset and Death  2. 400 The he cause of death  where the cause of death  able prior to petion of cause alth?  Poute Number,  ted.  the cause(s)  ay, Year)
edical Certification: To Be Completed by Physician/Medical		Immediate Cause (Final disease or condition resulting In deeth)  Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other eignificant conditions are summer?  1 Yes 2 No  27. Manner of Death 1 Netural 5 Pend inves 3 Suicide 6 Coulc deter (Check only one)  29a. Certifier (Check only one)	tione co	a	Due to  Due to	ath. Do not and  (or as a consector	quenca of quenca	cause giv	26. Place Per: 4 Num Yes 2 Num Yes 2 Num The date and pinion, deat a numbar	of Death rsing Hom No 26	23b. Did to the control of the time, of the	iobacco uee co Yee 2 No an autopsy mad?  /es 2 No denca 6 Oth now injury occur  Street end Numb cause(s) and madate and placa,	24b. Werravail comported to the contribute to the contribute to the contribute to the contribute of th	Approximate interval Between Onset and Death  2. 400 The he cause of death  where the cause of death  able prior to petion of cause alth?  Poute Number,  ted.  the cause(s)  ay, Year)



State of Maryland	Department	of Health and	Mental Hygiene	
	Certificate	of Death	Peg No	

**Physician** /Medical Examiner

**EMORY JORDAN** 4a. Facility Nema (If not institution, give street and number)

HOSPITAL

6 Sax

2. Deta of Daath DEC.

Reg. No.

07<sup>Day</sup> 1996 12:32A 4c. County of Death

**Funeral** Director

28a-f show

6 death with

238

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page 2 should Completed

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Examiner

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Be

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Certification:

Medical

be notified at

traumatic event, the Medical Examiner must

Be

the Marylend

filed within 72 hours after

217-30-0771 Usual Rasidance of Dacedant Maryland Prince George's

DOCTORS

5. Social Security Number

Director Funeral 1 Navar Marriad 2 Married þ 3 Widowed 4 Divorcad Completed

10b. County

1. Decedant's Nama (First, Middle, Last)

62 10c. City, Town or Location

1⊠M 2□ F

College Park

10f. Zip Coda

20740

1 ☐ Yas 2 No Specify:

If Under 1 Year If Under 24 Hrs. Months Days Hours Min.

LANHAM

4b. City, Town, or Location of Daath

8. Data of Birth (Month, Day, 04 19 1934

PRINCE GEORGES Birthplace (Stete or Foraign Country)

Maryland 10d, insida City Limits

1X Yes 2 □ No

10e. Street and Number

6200 Westchester Park Drive, #318

12. Was Decedent Evar in U,S. Armad Forcas? 1 ☐ Yes ≥ 2 Ñ No If Yas, Giva Yaer or Datas:

7. Age (In yrs. last birthday)

Vrs

Was Decedant of Hispenic Origin? (Spacify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.)

14. Race - American Indien, Black, Whita, atc.

10g. Citizan of What Country?

U.S.A.

Specify: Black

15. Decedant's Education (Specify only highest grada complated) Elementary/Secondary (0-12)

Collaga (1-4or 5+)

Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired)

16b. Kind of Business/Industry

10th 17. Fathar's Name (First, Middle, Last)

William Jordan

Garden Forman

Government 18. Mothar's Nama (First, Middle, Maldan Surneme)

Virginia Warren

19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 20740

1996

19a. Informant's Name/Reletionship (Type, Print)

Ann S. Jordan/Wife 20a. Method of Disposition 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata

20b. Placa of Disposition (Name of cematary, cramatory or other pleca)

Zion Baptist Church Cem.

6200 Westchester Park Dr., #318, College Park, MD 20c. Location - City or Town, Stata

Welcome, Maryland

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licansee

A. Percentie Nancy

22. Nama and Addrass of Facility

J. B. JENKINS FUNEKAL HUNL 7474 Landover Rd, Landover, Maryland 20785

fmmediate Causa (Final diseesa or condition resulting in daath)

· COPONDRY THROMBOSIS

Due to (or as a consequence of)

23a. Pert1. Entar tha disaesa, or complications that caused tha death. Do not antar the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.

Sequantially ilst conditions, if eny, leading to immadiata causa. Entar Undarlying Causa (Disease or injury that initiated avants resulting in death) Lest

Dua to (or as a consequence of)

Due to (or as a consequanca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of death?

Approximate Interval Betwaan Onset and Deeth

18 Yes 2 No

NE Yas 2 No

25. Was casa rafarred to medical 1 □XYas 2 □ No

Hospital: 1 Inpatiant 28a. Data of Injury (Month, Day Year) 5 Panding invastigation

6 Could not be dataminad

2 ☐ ER/Outpetient 3 DOA 28b. Time of

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 28d. Dascribe how Injury occurred

26. Place of Deeth (Check only one)

28a. Placa of Injury - At homa, farm, straat, fectory, offica building, atc. (Specify)

281. Location (Street and Number or Rural Routa Number, City or Town, State)

29a, Cartifian

27. Manner of Death

2 Accident

4 Homicida

3 Suicida

1 Natural

1 Certifying Physician: To tha bast of my knowladga, deeth occurred at the tima, data and placa, end dua to tha cause(s) and mannar as stated. \*\*Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, dete and place, and due to the cause(s) and manner steted.

29b. Sanature end titla of certifian

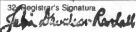
29c. License number O.C.M.E 29d. Deta signed (Month, Day, Year) DECEMBER 07,1996

30. Name and address of person who completed cause of deeth (Itam 23a) (Type, Print)

31. Deta filed (Month, Day, Year) A. KOREU U 111 Penn Street, Baltimore, Maryland 21201

State

DEC 10



Baltimore, Maryland 21215-0020 Peges 1 and 2 should be nent of Haaith end Mental permit. Pege Depertment of Important: If eny injury or once. **Physician** Examiner

P.O. Box 68760, Division of Vital Records, The Hospital or Attending Physician: 124 hours after death.
The Funeral Director: After this certifications filled in by the funeral director;

The law requires that the death certificate be executed

Registrar

To the Within To the

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month Year **Physician** 1996 SOSCOE Lincoln DEC 7:50 Am /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** TAKOMA PARK MD. WASHINGTON ADVENTIST HOSPITAL MONTGOMERY COUNTY 7. Age (In yrs. last birthday) If Under 1 Year Months Deys 8. Dete of Birth (Month, Day, Yea DEC. 23, 5. Social Security Number 6. Sex 1 M 2 □ F 9. Birthplace (State or Foreign Country)
1917 Spring Hope, N. C. **Funeral** Year) Hours Min. Yrs. **Director** 239-16-5531 78 Usual Residence of Decedent the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Director N/A WASHINGTON, D.C. DC 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with items 23a 1520-IRIS STREET, NORTHWEST 20012 UNITED STATES Funeral deeth 12. Was Decedent Ever in U,S. Armed Forces? X⊠Yes 2 □ No if Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritel Stetus permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. Important: if Item 27 Is marked other then "natural", or item any injury or other traumatic event, the item of an English space. 1 Never Married 2K Married 21215-0020 1□ Yes 21 No Specify: NEGRO þ Specify: 3 ☐ Widowed 4 ☐ Divorced NEGRO 15. Decedent's Education
(Specify only highest grade completed) High Schief, Give kind of work done during most of working life. DO NOT use retired) Completed 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) REALTOR REAL ESTATE HIGH SCHOOL Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be DEMAS JONES MARTHA CORDELL 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1520-IRIS ST., N.W. BULMAR ALSTON JONES/WIFE WASHINGTON, D.C. 20012 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 ₺ Buriai 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ALSTON CEMETERY 12/15/96 NASH COUNTY, N.C. 21. Signature of Funeral Service Limeti 22. Name and Address of Facility MONTGOMERY BROTHERS, F.H. 719-KENNEDY STREET, NORTHWEST WASHINGTON, D.C. 20011 th. Do not enter the mode of dylng, such as cardiac or respiretory errest, Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Box 68760. ettending physician Physician/Medical Division of Vital Records, P.O. been signed by the should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à Certification: To Be Completed 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24e. Was an eutopsy performed? ate hes pege 2 s 1 ☐ Yes XX No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Wes case referred to medical 26. Place of Death (Check only one) examiner s efter death.

al Director: After this ce Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25 No 1 Unpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) end manner stated. Medical 29a. Certifier 29b. Signature and liftle of certifier 29c. License number 29d. Date signed (Month, Day, Year)

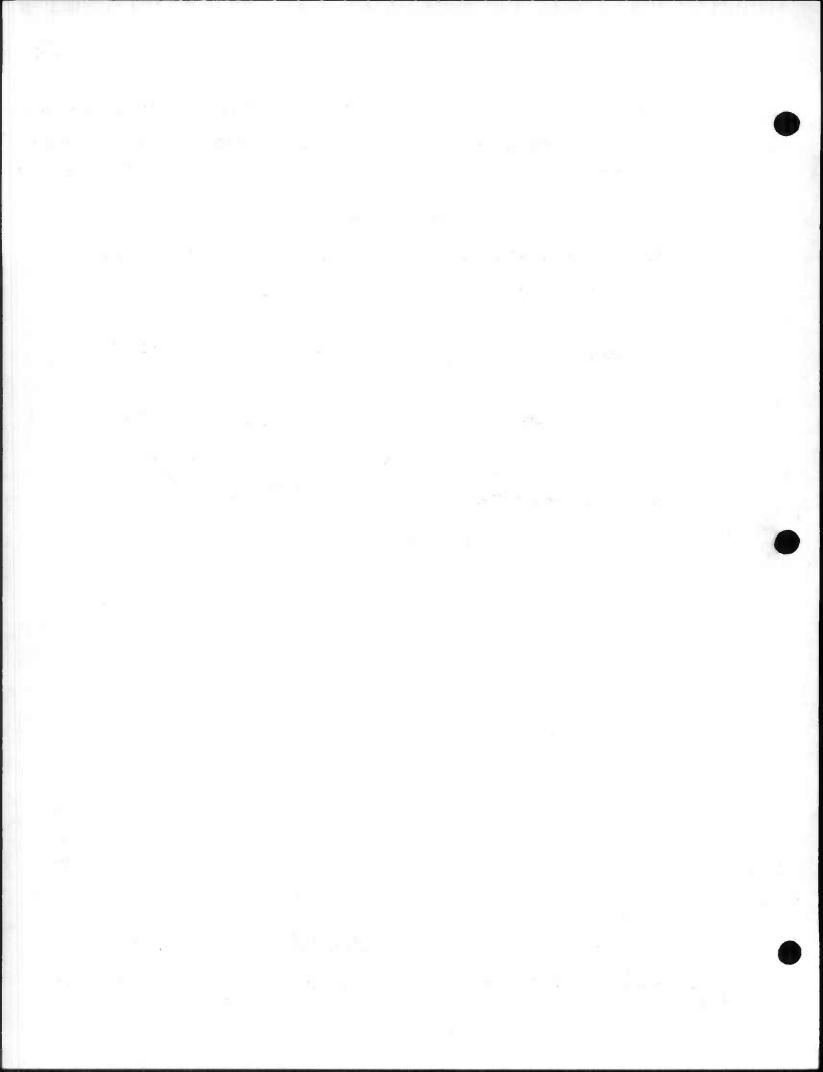
State Registrar

KAMAN 31. Dete filed (Month, Day, Year) DEC 1 1996

R-

10810 DARNESTONIE RO. 32. Registrar's Signature

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death December 7, 1996 12:35 PM Nester 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Hyattsville Prince George's Hyattsville Health Care Center If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Days 1 □ M 2 X F Yrs. Maryland 1956 40 December Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 XNo Prince George's Hyattsville 10f. Zip Code 10g. Citizen of What Country? 20783 United States 6500 Riggs Road 12. Was Decedant Ever in U,S. Armad Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) Raca - American Indian, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 No Specify: Specify: 3 Widowed 4 Divorced white 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) none none 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Emory Jefferson Nester, Sr. Bettie Mae Linthicum 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Bettie Mae Nester Rt. 2 Box 521, Kearneysville, West Virginia 25430 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12-9-96 Beltsville, Maryland Chesapeake Crematory 21. Signatura of Funarai Service Licansee 22. Name and Address of Facility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onsat and Death a. Aids Due to (or as e consequenca of): Cirrhosis Due to (or as a consequenca of): Cardiopulmonary Failure Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No

**Physician** /Medicai Examiner Examiner

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Physician/Medical

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Completed

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Medical Certification:

pue the buriel

physician

attending ō

signed by t

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this certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medicai

Examiner

**Funerai** 

Director

28a-f

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items 23a

should be filed within 72 hours effer and Mental Hygiene.
Therked other than "natural", or ite

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If itam 27 ia merked otha any Injury or other traumatic event.

Baltimore, Maryland 21215-0020

traumatic event, the Medical Examiner must be notified at

the Maryland worle Stella

5. Social Security Number

227-84-3151

Maryland 10e. Street and Number

10a State

Director

Funeral

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Completed

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Mae

Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last

29b. Signatura and titla of certifiar

30. Name end eddress of person who completed dause of death (Item 23a) (Type, Print)

Tou

Immediate Cause (Final disease or condition resulting In death)

20a. Method of Disposition

Pancreatitis 25. Was case referred to medical 28. Place of Daath (Check only one) 1 Yes 2 No Other: 4X Nursing Home 5 Residenca 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Metural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier

29c. Licensa number

D28906

29d. Data signed (Month, Day, Year)

December 7, 1996

State Registrar

M.D., 585 Main Street, Laurel, Maryland Robert D. Skipworth, 31. Date filed (Month, Day, Yeer)
DEC 0 32. Registrar's Signature
Fuha Davidson

**DHMH 16 Rev 6/95** 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2/4 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** WILMA JEAN JACKSUN X 0 :00pr /Medicai 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner MARKBY PRINCE GEORGES 12 305 UPPERMARLOURD if Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth Months Deys Hours Min. (Month, Day, Yea 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funerai** 1 □ M 2 🔀 F Months 50 Vrs Director 461-82-8195 Jul 16, 1946 Texas Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1 XYes 2 No Director Maryland Prince Georges Upper Marlboro 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? Completed by Funeral 12305 Markby Court 20772 United States 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes A No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: Black 3 Widowed 4 Divorced 15. Decadent's Education (Specify only highest grede completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry el Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) Accountant U.S. Government traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Pages 1 and 2 should be fill ment of Health and Mantel Hant: If item 27 is marked oth lury or other traumatic even Willie Albert Childs Pieether Mitchell 19a. Informent's Neme/Reletionship (Type, Pnint) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Gayle Jackson (Daughter) 7823 Mandan Road, #302 Greenbelt, Md. 20770 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 20b. Placa of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete permit. Page Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park 12/11/96 Landover, Maryland uneral Service Lice? 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md. 20747 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth Physiclan /Medical immediate Cause (Finel - HYPERCAPNIA HYPOXIA diseese or condition resulting in deeth) **Examiner** Examiner mo use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last ed by the ettending physician detached for use as the bune Physician/Medical Due to (or as a consequence of): ( Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yas 4 ☐ No 3 ☐ Probably 4 ☐ Unknown lung disease ottos þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? hes 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: After this certifical completely filled in by the funeral director; I 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Certification: To Other: 4 Nursing Home 1 Yes 2000 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Residence 6 Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

12 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated.

29c. License number

29d. Dete signed (Month, Dey, Year)

20774

Division of Vital Records, P.O. Box 68760,

The law requires that the death certificate be axecuted

the Marylend

death with

filed within 72 hours efter

21215-0020

Baltimore, Maryland

31. Dete filed (Month, Dey, Year) State DEC 0 9 1996 Registrar

29e. Certifier

Medicai

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) YNTHA WOODSUN MD

29b. Signature and title of pertition

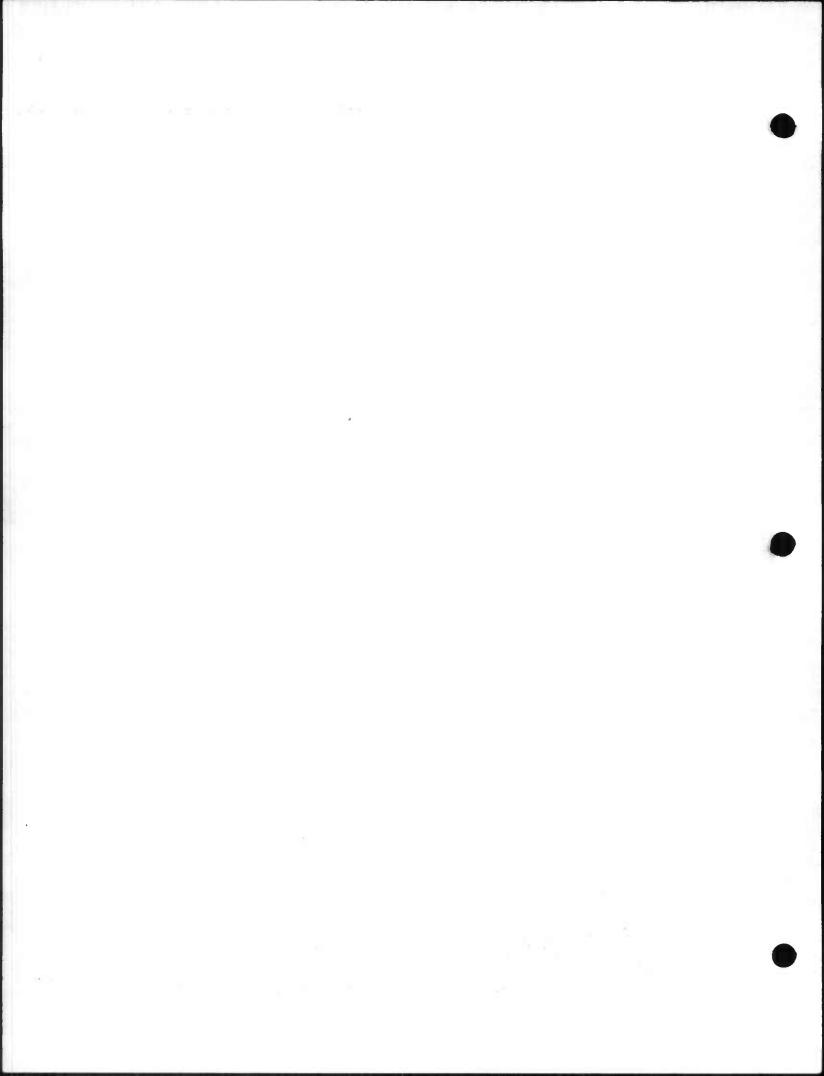
1400 MERCANTILE LN SU 230 LARGO 32 Registrar's Signeture

Mark .

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Cei	rtificate	e of i	Death			Reg. No.			
	1. Decedent's Neme (First, I	Aiddle, Last)							1 2	2. Dete of De			3. Time of	Death
Physician /Medical	Julia		Ha1	.1		Jacks	on		D	Month ecembe	r 5 19	Yeer 996	3:50	A . M .
Examiner	4e. Fecility Neme (If not insti	tution, give s	street and nur	mber)			4	b. City, To		ation of Death		ty of Deeth	3.30	11.011.
	Wilson Healt	th Car	e Cent	er				Cait	hersb	uro	Mon	tgome	rv	
Funeral	5. Sociel Security Number	6. Sex		7. Age (in yrs. li	ast birthdey)	If Under		if Under		B. Dete of Birt (Month, De		, 62	4	r Foreign
Director	222-26-8980	1 🗆	M 280 F	89	Yrs.	Months	Deys	Hours			y, Year) 1906		piece (Stete of htry) h Caro	
	Usuei Residence of Deceder	nt							ע	ec. 0,	1900	MOLLI	I_Caro.	TIHA
permittings of leafue a should be seen death with the meryand Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28e-f show any injury or other traumatic event, the Medical Exercises must be notified at once.  To Be Completed by Funeral Director	10a. Stete 10b. Co	unty	-	10c. City	, Town or Lo	cation						1	I Od. Inside Cit	ty Limits
10	Maryland Mon	taama	2017	Co	ithers	huwa						17	1 ⊠ Yes	2 No
or 2844 si	10e. Street end Number	regome	Ly	Ga	TCHEIS	10f. Zip	Code				10g. Citizen of	Whet Cour	ntry?	-
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by F	3 ☑ Widowed 4 □ Divo		If Yes, Giv	/e		1□Yes 2	⊠ No	Specify:			Spec			
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age of the second	20e. Method of Disposition 1 □ Buriel 2 ☒ Cremat				ece of Dispo	sition (Nam	e of her plea	(9)	i	Dete	20c. Location	- City or To	own, Stete	
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any ir	bll el	01	1 (	1. O Se	10						eral H			
	23a Part 1 Enter the disease	a or compli	nations that a	augad the death	7 10	East	De	er Pa	rk Dr	., Gai	thersb	urg, N		
	23a. Pert1. Enter the disees shock, or heert feilure.	List only on	e cause on e	ech line.	. Do not ent	er the mode	oi dyiri	g, such es	cardiac or	respiretory ei	riest,		Approximete intervsi Betv Onset and D	ween
ysician Medical	immedlete Cause (Finei			- +1	,	1						1	Oriset and D	700(11
aminer	disease or condition resulting in death)	S		un	2002	The	w					1	yea	
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edical	thet initieted events resulting in death) Lest	1		Due to (or	es e conseq	uence of):								
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d by the attend letached for us Physician	Pert ii. Other significant con	ditions cont	tributing to de	eath but not resul	iting in the u	nderlying ca	use giv	en in Pert i.		23b. Did 1	tobacco use c	ontribute to	the cause o	of death?
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be de											7			
should to										24a. Wss	en autopsy	24b. W	ere sutopsy fi	indings
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tificati	OF Was seen selemed to me	ett a a t								101		11.	Yes 20	No
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al Director: After t led in by the funers Certification:	1 Netursi 5 □ Pe		(Mont	of injury th, Dey Year)	28b. Time of injury		c. injun Worl			d. Describe i	now injury occu	irred		
tha tha	E LI MODIOGIII	restigetion ould not be				М	1	Yes 2□t	No					
Tin by	4 ☐ Homicide de	termined	28e. Piece buildir	of injury - At hor ng, etc. (Specify)	ne, ferm, str	et, fsctory,	office		28	f. Location (8 City or Tox	Street and Nun vn, Stete)	iber or Rura	il Route Numb	ber,
To the Funeral Director: completely filled in by the Medical Certifical														
To the Funeral Direct completely filled in by Medical Certification	29e. Certifier 1 Cert	ifying Physi	icisn: To the	best of my know	iedge, deeth	occurred e	t the tin	e, dete en	d plece, en	d due to the	ceuse(s) end n	nsnner es s	teted.	
Plet Plet	one)	Cei Examin	end menn	sis of exemineti er steted.	on end/or inv	estigetion,	ın my o	oinion, deet	n occurred	et the time,	aete sna piece	, end due to	) the cause(s)	1
Z com	290. Signature and title of pe	rtifier /	11					number			29d. Dete sign	ed (Month,	Dey, Year)	
	1 had	the	Who	-			10	1051	6		12/5	151		
3	30. Name one eddress of per	son who con	noieted cause	e of death (item	23a) (Tuna	Print)	/ /	-			, , ,	110	, 20	834
1	Toe	( /	/ causi	4 9 L	c/i)	0/-	1 ,		+	inn	Rr) A	17	d- 16	1h
State	31. Dete filed (Month, Day, Y	ear)	32 B	egistrer's Signet	ure	0 10	- (	000	2 /0	wh	1)	e//) = 1	45	U
State Registrar		,												
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Death Month

Physician
/Medical
Examiner

Suburban Hospital if Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Bethesda 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** 1⊠M 2□ F Yrs. Director 223-26-1563 74 October 9,1922 Usual Residence of Decedant 10a. Stete 10b. County 10c. City, Town or Location 26a-f show must be notified at Director Maryland Bethesda Montgomery 10e. Street end Number 10f. Zip Coda ò therms 23a 20817 8808 Grant Street 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaer or Detes: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 11. Marital Status 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 🛣 No Specify: by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Spacify only highest greda completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Master Plumber 17. Fether's Name (First, Middle, Last) Be Health and Montal om 27 is marked o Charles Henry Johnson 19e. Informant's Neme/Relationship (Type, Print) permit. Pages 1 and 2 a Department of Health at Important: If them 27 is any injury or other trau once. Lois R. Johnson/ Wife 20b. Place of Disposition (Name of commetay, cremetor, or other place)
December 10, 1996
Parklawn Memorial Park 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses M00335Bethesda, Maryland 20814-350

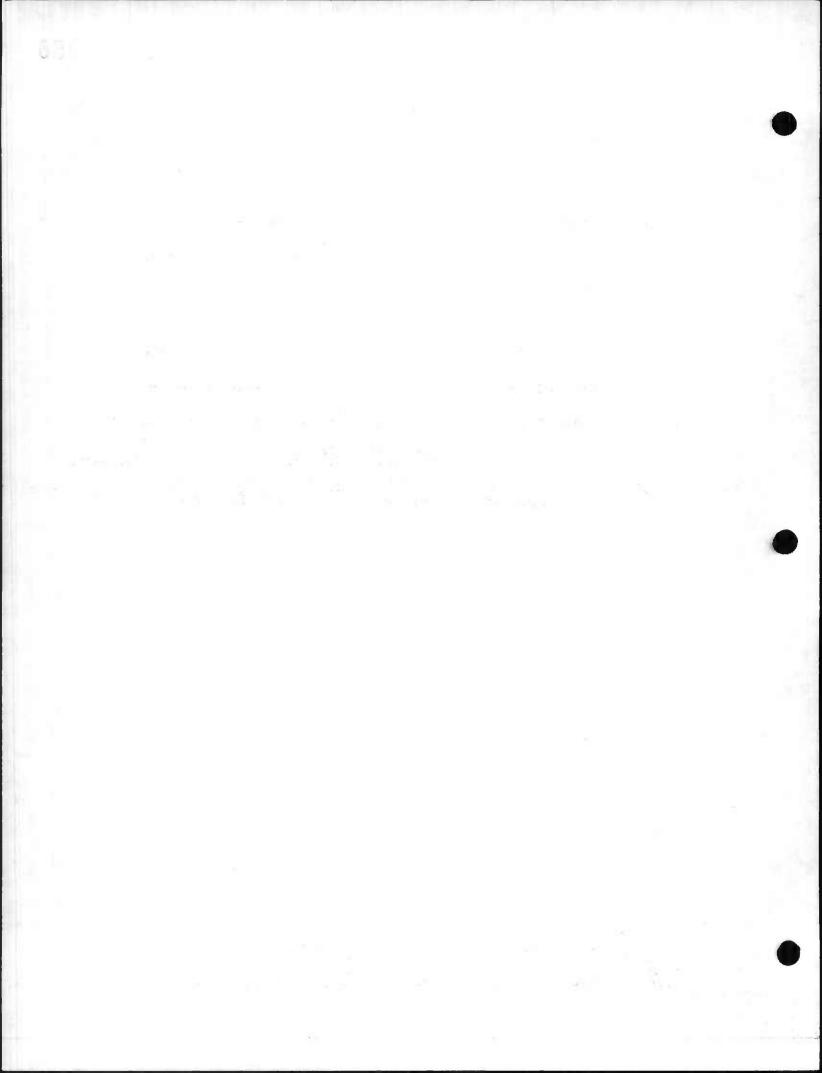
23a. Part1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellum. List only one cause on each line. **Physician** /Medical immadiate Ceuse (Finei COROMARY ARTERY DESCASE disease or condition resulting in deeth) Examiner Physician/Medical Examiner chipidemin The law requires that the death certificate be executed physician and s the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760. Due to (or es e consequence of): P.O. Pert ii. Other significent conditions contributing to death but not resulting in the underlying causa given in Pert i. cate hes been signed by page 2 should be detact Hypertersun Records, by Be Completed 24e. Wes en eutopsy performed? certificate of Vital or Attending Physician: director, 25. Wes case referred to medical 28. Place of Deeth (Check only one) exeminer? Hospitel: 1 ☐ inpatient 2 DPER/Outpetient 3 ☐ DOA 1 Yes 2000No Certification: To this 24 hours after death.
Funeral Director: After this etely filled in by the funeral of 27. Menner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Division 1 Saturai 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Piace of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital Medical 29e. Certifler To the Hosp within 24 ho To the Fune completely fi (Check only one)

December llam 06 4e. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Montgomery Birthplece (State or Foreign Country) Virginia 10d. Inside City Limits 1 ☐ Yas 2 ☑ No 10g. Citizen of Whet Country? United States 14. Rece - American indien, Bleck, White, atc. Specify: White 16b. Kind of Businass/Industry Plumbing 18. Mother's Name (First, Middle, Maiden Sumeme) Pearl Thompson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8808 Grant Street Bethesda, Maryland 20817 20c. Location - City or Town, State Rockville, Maryland Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue M00335Bethesda, Maryland 20814-3501 Approximete Intervel Batween Onsat end Deeth 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings available prior to completion of causa of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rurel Routa Number, City or Town, State) Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end manner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner stated. 29b. Signature end title of certifier 29d. Data signed (Month, Day, Year) 29c. Licanse numbar 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) 5602 Shields DRIVE 32. Registrar's Signeture

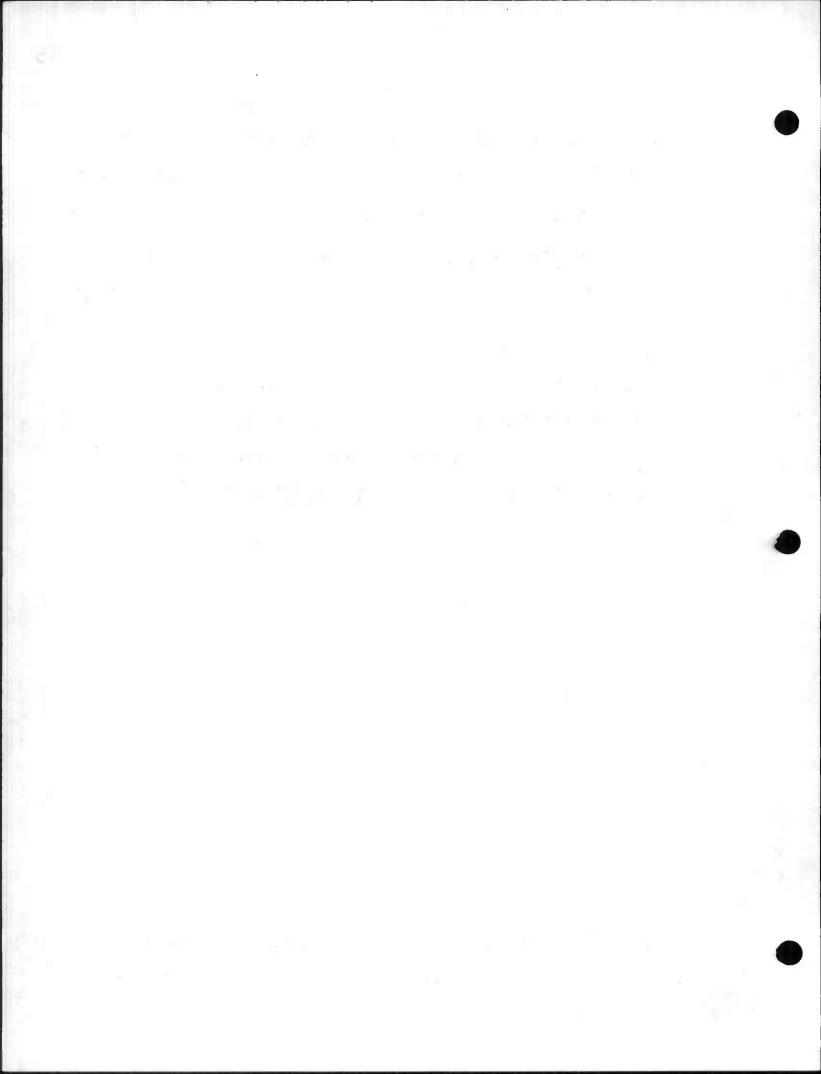
Registrar

State



State of Maryland / Department of Health and Mental Hygiene 96 39059

					, , , , , ,	Cei	tificate of		R	eg. No.	0 3	3003
	Physic /Medi		1. Decedent's Name (First, Middle, Las	E - To	HNS	MON,	SIZ		2. Date of Dear Month Decemb	Day	Year 1996	3. Time of Death
7	Exami		4a. Fecility Name (If not institution, give Howard County		Hosp	oital		4b. City, Town, or Columb	Location of Death	4c. County	of Death	
	Funeral Director		5. Social Security Number 6. Se			est birthdey) Yrs.	if Under 1 Yea Months Days				9. Birthple	ece (Stete or Foreign try) ryland
	aryland show	_	10a. State 10b. County	- 3		Town or Lo					10	Od. Inside City Limits
	he Ma	ecto	MD Howar	d	(	Colum						XXYes 2 No
	3a or	Dig I	5547 Harpers F	arm Rd.	_ # A		10f. Zip Code	044	1	0g. Citizen of V		ry?
020	be filed within 72 hours after death with the Maryland nat Hygiene. Id other than "naturel", or frems 23a or 28a-f show event, the Medical Exeminer must be notified at	by Funeral Director	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorcad	12. Wes Decedent B Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:	Ever in U,S	H		Hispanic Origin? (S ban, Mexican, Puerl	specify Yes or No- to Rican, etc.)	14. Race	a - America k, White, e	
21215-0020	within 72 ho ane. than "natur	Completed	15. Decedent's Ed (Specify only highest gred Elementary/Secondary (0-12)	ucation de completed) College (1-4or 5	+)	(Give	lent's Usual Occu kind of work done OO NOT use retin	during most of wor ed)	rking	apt. C		
10	filed within I Hygiene. other than ent, the M	Be Co	17. Father's Name (First, Middle, Last)			I ICILI	recharice		ne (First, Middle, I			A
Maryland	2 should be filed withir and Mental Hygiene. Is marked other than aumatic event, the Mental Hygiene.	To B	Joseph E. John	son, Sr.				Grac	ce Jacks	son		
Man	2 6 8 8	ľ	19a. Informant's Name/Relationship (T					t end Number or Ru				
	5 2 2 2		Odessa Johnson  20a. Method of Disposition	(Wire)	20b. Pia			rs Farm		COLUI 20c. Location -		, MD
moi	Pages nert of I nrt: If ite		1X Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,		HOL	okins	sition (Name of netory or other pla Church	n Cem. 1				
Baltimore,	permit. Pages 1 a Department of He- Important: If item any injury or othe once.		21. Signature of Fugeral Service Licent	nou.	Leu	22 S	Name and Addr	ess of Facility FUNERAL				
	2 3 1		23a. Part1. Enter II disease, or comp shock, or hear failure. List only of	cations that caused ne cause on each lin	the death.					est,		Approximete Interval Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a. Myo	CAR	DIAL	INFA	ARCTION				Onset end Death  EW Hours
	70.1	Jer			Due to (or	as a conseq	uenca of):					Tears
	and transit	Examiner	Sequentially list conditions,	b	Due to (or	TENS	uenca of):					1000
68760,	icate be executed physician and s the burial-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events	c								
Box 687	law requires that the death certificate be executed as been signed by the attending physician and a should be detached for use as the bunal-transit	in/Medical	resulting in death) Last	d	Due to (or a	as a consequ	ienca of):				1	
	s death	Physician/	Pert II. Other significant conditions co	ntributing to death bu	t not result	ting in the un	derlying cause g	iven in Part I.	23b. Did to	bacco use con	tributa to	the cause of death?
Is, P.O.	v requires that the de been signed by the should be detached	by Phy	Congestive	CARDIAC	F	AILL	RE		1 🗗 Y	2 □ No	3 Prob	ably 4 Unknown
Division of Vital Records,	e law requir has been s ge 2 should	Completed	CHRONIC OBST	RU CTIVE	Pu	LHUN	ARY	Disease	24a. Wes a		com	re autopsy findings lieble prior to apletion of cause eath?
a F	는 물론								1□ Y€	s 20 No	10	Yes 219 No
=======================================	Physicien: The rthis certificate and director, page	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital:	1		Ot	har	eth (Check only on			
of	er this	n: To	27. Manper of Deeth	1 ☐ inpatier	v 2	R/Outpatient 8b. Time of	3 DOA	4   Nursing H	ome 5 Reside			
sior	Attending in death.  Ctor: After by the funer	atlo	1 Natural 5 ☐ Pending Investigation	(Month, Dev	rear)	injury	- M 1	Yes 2 No		NJA		
Divis	To the Hospital or Attending Ph within 24 hours after death. -To the Fureral Director: After thi completely filled in by the funeral	Certification:	3 Sulcide 6 Could not be determined	28e. Placa of Injurbuilding, etc.	(Specify)	ne, farm, stre	et, factory, office		28f. Location (St. City or Town	, Stete) NA		
	Hosp 24 hou Fune letely fi	edicai	29e. Certifier (Check only one)  1 ▼ Certifying Physical Check only 2 ■ Medical Exami	sician: To the best of ner: On the basis of and manner stat	examinetio	edge, deeth n and/or inv	occurred at the ti estigetion, in my	me, dete and place opinion, death occu	, and due to the ca rred at the time, da	use(s) and mar ite and piece, a	nner es sta nd due to t	ted. the cause(s)
	To the within To the comp	Me	29b. Signeture end title of pertifier.  N B · Vello	ent.				se number		d. Dete signed		Ney, Year)
	5		30. Name and address of person who or 9055 CHEV ROLET	empleted cause of de	eth (Item 2	23a) (Type, F						
	Sta		31. Date filed (Month, Dey, Yeer)	#32. Registrar	r's Signatu				f			



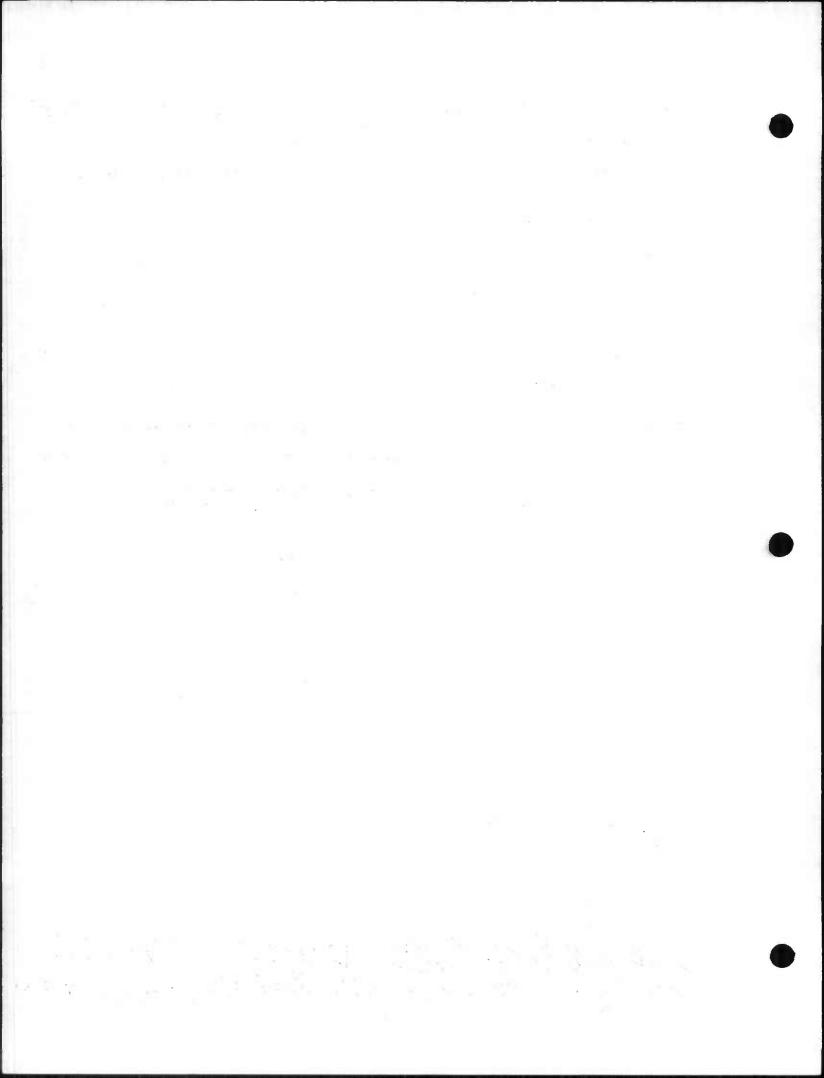
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month **Physician** DOROTHY CATHERINE 1996 KNICLEY Dec /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Washington County Hospital Washington Hagerstown If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 11-11-1919 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** Months 1 □ M 2 1 F 217-18-7359 Yrs. 77 Director Massachusetts Usual Rasidance of Dacedani the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits in then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Directo Washington Maryland Hagerstown 10e. Street and Numbar 10f. Zio Code 10g. Citizen of What Country? with 1235 Jefferson Blvd. 21742 U.S.A Funeral 72 hours after death 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Maryland 21215-0020 1 ☐ Yas 2 € No þ Specify: lf Yas, Giva Yaar or Datas: 3 ₩idowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry filed within 7 Hygiene. other than Elamentary/Secondary (0-12) College (1-4or 5+) Personal Residence 10 years Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be 2 should be fi is marked Harry Elmer Bradley Margaret Jean Duffy 0 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any Injury or other traun once. 10908 Knotty Pine Drive Barbara J. Moyer Hagerstown, Md. Baltimore, 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Rest Haven Cemetery 12-16-1996 4 □ Donation 5 □ Other (Specify) Hagerstown, Maryland 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Douglas A. Fiery Funeral Home 23a. Part. Enter the efsease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 1331 Eastern Blvd. North Hagerstown, Md. 21742 Approximata Intarvai Betwo Onset and De **Physician** /Medical Immediata Causa (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disasse or injury that initiated evants rasulting in death) Last attending physician for use as the buria Box 68760 Physician/Medical Dua to (or as a consequence of): ed by the s Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of causa of daath? Completed peen has certificate 1 T Yas 2 No Division of Vital or Attending Physician: efter death. Be 25. Was casa rafarred to madical axaminar? 26. Place of Death (Check only ona) Hospitai: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death Data of Injury (Month, Day 28c. Injury at Work? Certification: 28h. Time of 28d. Dascribe how injury occurred After 5 Panding Invastigation 1 Natural 2 Accidant To the nucr.
within 24 hours effer un.
To the Funeral Director; Af 1 Yas 2 No 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida edical rifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) and mannar stated. 29a. Certifian (Check only one) 29c. Licansa number 29d. Date signe Kmolllo MeDio State

Registrar

1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer 11 30 96 MARGARET KROLL 6 40 AM /Medical 4e. Fecility Name (If not institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Death Examiner MANOR CARE 8700 JONES MILL ROAD CHEVY CHASE MONIGOMERY 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Deys Hours 1□M 2/1□F 579-52-6961 75 Yrs AMESBURY, MASS. Director JULY 17, 1921 Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits show r 28a-f show WASHINGTON, D.C. 1X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? item 27 is marked other than "natural", or items 23a or other traumatic event, the Medical Examinations and the 4340 DAVENPORT ST. N.W. 20016 USA Funeral 12. Wes Decedent Ever in U,S Armed Forces? Wes Decedent of Htspenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. filed within 72 hours after thygiene. 1 Never Married 2 Merried 1 ☐ Yes 2 🔏 No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuet Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Ktnd of Business/Industry Etementery/Secondery (0-12) College (1-4or 5+) 4 YRS TUTOR SCHOOL permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 is marked other any injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be JOHN MOHUGH CATHERINE KEARNEY 2 19e. tntormant'a Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DENNIS KROLL SON 1311 NORTH EAST HANCOCK 20b. Ptaca of Disposition (Name of cometery, crematory or other plece) 20e. Method of Dtsposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal trom Stete GEORGETOWN MEDICAL SCHOOL 11-30-96 WASHINGTON, D.C. 4 Donetion 5 ☐ Other (Specify) 21. Signature de Ferei Service License 22, Name and Address of Facility AUSTIN ROYSTER FUNERAL HOME 3821 14TH ST. N.W. WASH. DC 20011 a. Pert1. Enter the dis-shock, or heert teitu Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, or heart tellure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical tmmediate Cause (Finel ACUTE OBSTRUCTIVE PULMONARY DISEASE HOURS disease or condition resulting to deeth) Examiner Due to (or es a consequenca ot): Examiner CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest and Due to (or as e consequence of): physician s the burial Box 68760. Physician/Medical Due to (or es e consequenca of) 80 for use as P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. the the 23b. Did tobacco use contribute to the cause of death? signed by 17 Yes 2 No 3 Probably 4 Unknown Records, þ 24a. Was an autopay performed? 24b. Were autopay tindings available prior to completion of cause of deeth? Completed Deed page 2 certificate 1 Yes No No 1 ☐ Yes 2 ☐ No of Vital Hospital or Attending Physician: Be 25. Wes case reterred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 1 Yes 2 No Other: 4☐ Nursing Homa 5☐ Residence 8 ☐ Other (Specify) P 3□ DOA this 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: Division After Neturel 5 Pending investigation FELL AT NURSING HOME death. 1 Yes 2 No 2 Accident 3-23-96 Director: within 24 hours after define to the Funeral Director completely filled in by the 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, atreet, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 8700 JONES MILL RD CHEVYCHASE, MID Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner ateted. Medical 29e. Certifier To the 29b. Signeture and titte of certified 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme and address of person who completed cause of death (Item 23a) (Type, Frint) RUSSELL M. TILLEY JR. M.D. 8700 JONES MILL RD. CHEVY CHASE, MD 31. Dete tiled (Month, Day, Year) 32 Registrer's Signature

Registrar

State

DEC 1 0 19

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Manyland / Department of Health and Mental Hygiene 9.6. 3.9.0.6.2

mer	nded #4a	١,	10e, 19b, MRT, 12/	10/96, Mon	tg. Cty <i>Cer</i>				Reg. No.	) );	2002
	Physici /Medi		Decedent's Nama (First, Middla, Las     MARY	) <b>F</b> .	KILLEEN			2. Data of Dea	-	996	3. Time of Death
	Examir Funeral Director			R.	(In yrs. last birthday) <b>74</b> Yrs.	If Under 1 Year Months Days	BETHESDA  If Under 24 Hrs. Hours Min.	8. Date of Birtl (Month, Day	MONTG(	9. Birthpia Country	ca (State or Foreign
	show ad at		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Loc	ation			, , , , , ,		I. Inside City Limits
	the Maryla r 28e-f sho	Director	MARYLAND MONTGOME	RY	BETESDA						1 ☐ Yes 2 No
	with the	I Dire	10e. Street and Number Clewerwall 9100 CLEWERWELL DR	TWE		10f. Zip Code			10g. Citizen of V	What Country	n
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show wit, the Medical Examiner must be notified a	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forcas? 1  Yas 2  Who If Yes, Give Yaar or Datas:		20817 /as Dacedent of H Yas, specify Cubi	lispanic Orlgin? (S an, Maxican, Puert Specify:	pecify Yes or No- o Rican, atc.)	J.S.A. 14. Rac Biac Specify	e - American ok, Whita, etc	0.
Maryland 21215-0020	d within 72 hours jiene. r than "natural", the Medical Ex	Completed	15. Decedent's Edit (Specify only highest grad Elementary/Secondary (0-12)		(Giva k life. D	O NOT use retire	during most of wor	king	16b. Kind of Bu	usiness/indu	stry
d 2	be filed vite Hygie d other i	Be Co	12 17. Father's Nama (First, Middle, Last)		HOMEN	IAKER	18. Mother's Nan	ne (First, Middle,	OWN_HON Maiden Sumam		
ylar	2 should be filed with and Mentel Hygiene. Is merked other than summitic event, the N	ToB	JOSEPH FINN				MARY BA	RNES			
Mar	d 2 should th and Mer 7 is marke traumatic		19a. Informent's Name/Relationship (T)  JACQUELINE DORMEN		19b. Melling	Address (Street CLEWETWO	and Number or Ru	RETUECDA	r, City or Town,	State, Zip C	ode)
Baltimore,	Hea Hea		20a. Method of Disposition  XXBurial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	20b. Piace of Dispos	ition (Nama of atory or other pla	ce)	Data	20c. Location -	City or Town	
Balt	permit. Peges Department of Important: If I any Injury or once.		21. Signature of Funeral Service Licens	1/	JOS		LER'S SON			SCONS	IN
•	Physician /Medical Examiner	J.	23a. Part 1. Enter the disease, or composhock, or heart failure. List only of firmediete Cause (Final disease or condition resulting in death)	rest,	ir C	pproximate niterval Between haset and Death					
x 68760,	certificate be axecuted nding physician and use as the buriel-transit	Medical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	D.	ue to (or as a consequ ue to (or as a consequ						
Box	ath for	cian/		d.		ADA ADD ADD ADD		L on Divi			
, P.O.	that the ed by th detachs	by Physician/M	Part II. Other significant conditions con	ntributing to death but	not resulting in the unc	derlying cause giv	en in Part I.		obacco use col /es 2□No		he cause of death? bly Winknown
Records,	aw requires been s	Completed b						24a. Was a	an autopsy med?	availa	autopsy findings able prior to oletion of causa eth?
	ate pag		25. Was case referred to medical				00 Disass ( Day	1 🗆 Y	111	101	res 2□ No
of Vital	5 0 0	To Be	avaminar?	lospital:	2 ER/Outpatient	3□ DOA Oth	200	th <i>(Check</i> on <i>ly</i> or ome 5 <del>□</del> Resid		er (Specify)	
ion o	After fune		27. Mannerof Death 1 ØNatural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of fnjury (Month, Dey	(ear) 28b. Time of Injury	28c. fnjur Wor M 1 🗆	yat k? Yes 2 □ No	28d. Describe h	ow Injury occur	red	
Division	i Dir o	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28a. Place of Injury building, etc.	/ - At home, farm, stree (Specify)	et, factory, office		28f. Location (S City or Tow		er or Rural F	Route Number,
	Hospital 24 hours Funeral etely filled	edical	29a. Certifler (Check only one)  1 Certifying Physical Examination (Check only one)	nician: To the best of e ner: On the besis of e and manner state	my knowledge, death oxamination and/or inve	occurred at the tirestigetion, in my o	ne, date and place pinion, death occu	and due to the c red at the time, o	ause(s) and me late and place, i	nner as state and due to th	ed. ne cause(s)
	To the vithin 2 To the comple	Me	29b. Signature and title of profiles	-11		29c. Licens	e number	2	9d. Data signed	d (Month, Da	y, Year)
	,			~H		D 33	293		DEC. 7,	1996	
	5		DR. FREDERICK P.		th (Item 23a) (Type, P  WESTERN		. WASHIN	GTON. DO	20015		
1	Sta Registr		31. Date filed (Month, Day, Year) DEC 1 0 1996		s Signature						

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State of Maryland / Department of Health and Mental Hygiene 96 39063

						Certificate of	Death	F	Reg. No.	,	1003
	Physic	ian	Decedant's Nama (First, Middle, Inc.)      Decedant (First, Middle, Inc.)	Last)				2. Data of Des Month	Day	Year	. Tima of Death
я	/Medi	ical	Samuel Kramer	and the second second second second			th Oh. Town and	Dec.			3:35 AM
	Exami	ner	4a. Facility Nama (If not Institution, 9701 Fields Road	The Control of the Co			4b. City, Town, or L Gaithers		, , ,	of Death gomery	7
	Funeral Director		056-01-4569	Sex 7. Aga 1 1 1	a (In yrs. last b 94	irthday) If Undar 1 Yaar Yrs. Months Days		8. Data of Birth Month, Day 10/21/0	), Year)	9. Birthplace Country) Russia	(Stata or Foreign
	Maryland #1 show	tor	Usual Rasidance of Decedant	nery		or Location nersburg					insida City Limits
	ath with the 23a or 28 well be not	ral Director	10e. Sireet and Number 9701 Fields Road	l, Apt. 905		10f. Zip Coda 2087	8		10g. Citizan of W	/hat Country?	
020	s within 72 hours after death with the Maryland ilene. Than "natural", or items 23a or 28a-f show the Medical Examinat must be notified at	by Funeral	11. Marital Status 1 □ Navar Marriad 2 ☒ Marriad 3 □ Widowed 4 □ Divorced	12. Was Dacedant I Armed Forcas? 1 ☐ Yas 2004 If Yas, Giva Yaar or Datas:		13. Was Decedani of I if Yas, specify Cub 1 ☐ Yas 2√2 No	oan, Maxicen, Puarto	ecify Yas or No- Rican, atc.)	Black	- Amaricen i k, Whita, atc. White	
Maryland 21215-0020		Completed	15. Decadant's (Spacify only highast g Elamantary/Secondary (0-12) 12	Education rada complatad) Collega (1-4or 5		Decedent's Usual Occu (Giva kind of work dona lifa. DO NOT use retire Salesman	during most of work	ring	16b. Kind of Bu		у
pu	al Hygothe other	Be	17. Fathar's Nama (First, Middla, La.	•			18. Mothar's Nam		Maldan Sumami		
aryle	2 should be to and Mental I is marked of raumatic ave	P_O	Abraham Kais  19a. Informant's Name/Ralationship		19	b. Mailing Addrass (Straa	Mary	Krameı		State Zin Co.	fol
3, M	and 2 ealth a n 27 is		Michael Kramer/		S	013 Willow	Valley Rd				ra)
timore	Baltimore, Marylan permit. Peges 1 and 2 should b Department of Health and Ment. Important: If then 27 is marked any injury or other traumatic a once. To E	20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation 3  4 ☐ Donation 5 ☐ Other (Special Contents)	ity)		of Disposition (Nama of bry, cramatory or other pla an M.G.		Data 2/9/96	Olney,		Stata	
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			23a Fam Enter the disease, or co shock, or haart feilum List on	mplications that causad y ona causa on aach lin	tha daath. Do a.	noi antar iha moda of dyl	ng, such as cerdiac	or raspiratory arr	est,	App	proximata Irvai Betwaan
3	Physician /Medical Examiner		Immadiata Causa (Final disaasa or condition rasulting in deeth)	a. Phc	umo	aia					sei and Death
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o,	icate be executed physician and s tha bunal-transit	Examiner	Sequantially list conditions, if eny, leeding to immedieta ceusa. Entar Undarlying Cause (Disaasa or injury	l p·	Dua to (or as a	consequence of):		· · · · · · · · · · · · · · · · · · ·			
68760,	5 0 6	Medical	Cause (Disaasa or Injury that initieted evants resulting in daath) Last	C	Due to (or as a	consequance of);					
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P.O.	0 0 0	Physician/I	Part II. Other algorificant conditions	contributing to death bu	not rasulting I	n tha undarfying ceusa gi	van in Part I.			tributa to the	cause of death? Unknown
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	he law a has t	шо									
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State of Maryland / Department of Health and Mental Hygiene 96 39064

					Cen	tificate of	Death		Reg. I	No.		33004
Dhun	! - l	1. Decedent's Name (First, Middle, Lo				4.4		2. Da	te of Death		Vans	3. Time of Death
Phys /Me	ıcıan dicai	ELEFIER	IA AN	TONIC	11	KOR	OULI	AKIS "	onth I	Day 7	96	0023 AM
	niner	4a. Facility Name (If not institution, gi						vn, or Location	of Death	4c. County	of Death	
		SUBURBAN HOSPITA	AL				BETHE	SDA	18	MONTO	OMERY	
Funer	ai			ge (In yrs. last bir	thday)	If Under 1 Yaar	If Undar 2	24 Hrs. 8. Da	te of Birth			ace (State or Foreign ry)
Direct		577-76-7019	1□ M 2□ <b>X</b> F	33	Yrs.	Months Days	Hours		13, 1		GREEC	
ס		Usual Rasidenca of Decadent								723	Oldbo	
the Marylan 28a-f show		10a. State 10b. County		10c. City, Tow	n or Loc	ation					10	d. inaide City Limits
Ma Ma	i o	MARYLAND MONTGOM	ERY	POTOMA	3							1 ☐ Yes 2 No
है के कि	Director	10e. Street and Number	-			10f. Zip Code			10g.	Citizan of V	What Count	ry?
th wi	a	12508 STREAM WOOD	LANE			20854			GR	EECE		
-0020 hours after death with the Maryland lurel; or Itama 23e or 28e-f show Example of an Italian and	Funeral	11. Marital Status	12. Was Daceden	Ever In U,S.	13. W	as Decedent of I	Hispanic Orig	In? (Specify Ya	s or No-	14. Rac	e - America	
or lite		1 ☐ Never Married 2 ☐ Married	Armed Forces			Yes, specify Cub		, Puerto Rican,	etc.)		ck, White, e	
21215-0020 d within 72 hours aff giene. rr than "naturel", or	þ	3 Widowed 4 □ Divorced	if Yas, Give Year or Dates:		11	Yes 2 No	Specify:			Specify	WHIT	E
15-002 in 72 hours "naturel",	Completed	15. Decedent's E (Specify only highest gr	ducation	16e.	Decede	ent's Usual Occup	pation	of working	16b.	. Kind of Bu	usiness/Indu	ustry
d 21215- filed within 72 Hygiene. ther than "net ent, the Medic	ple	Elementary/Secondery (0-12)	College (1-4or	5+)	life. Di	ind of work done O NOT usa retire	during most	or working				
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Maryla d 2 should h and Men 7 Is marke traumatic		19a. informant's Name/Relationship	Type, Print)	19b	. Malling	Address (Street	end Number	r or Rural Route	Number, Cit	y or Town,	Stete, Zip (	Coda)
1 and 2 Health and 2 Am 27 Is		JOHN KOROULAKIS.	CON	125	00	CTDTAN T	100D T	T DOMO:	W. G. N	D 00	05/	
s 1 and if Heali		20a. Method of Disposition	JON	200. Place 0	Disposi	STREAM ition (Neme of		Date	MAC M. 20c.	Location -	City or Tow	m, State
Baltimore, permit. Pages 1 an Department of Heal Important: If Itam 2 any Injury or other		1 Surial 2 Cremation 3 4 Donation 5 Other (Special		3		etory or other ple		12/9	AD	TNOT	ON W	
altimore, mit. Pages 1 ar partment of Hea cortant: If Itam y Injury or other		21. Signatura of Funerai Servica Lice		COLUIT	7-						ON, V	
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	100	One Part From the disease or one	(0/2	eze_		W., WASH						
		23a. Part1. Enter the diseese, or com shock, or heert feilure. List only	one cause on each	ine.	not enter	r the mode of dyli	ng, such as c	cardiac or respli	ratory arrest,			Approximete interval Between
Physicia /Medica	_	Immediate Course (Final							,			Onsaf and Death
Examine	_	Immediate Cause (Fine) disease or condition rasulting in death)	a MYOC	ARDI	A	L M	STAI	RCTI	ON		/	ACUTE
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Si g	Examiner		b								1	
and and -tran	Xan	Sequantially list conditions, if any, leeding to immadiate causa. Enter Underlying		Due to (or as a	consequ	enca of):						
os/ou,		causa. Enter Underlying Cause (Disease or injury	C									
OX 08/00, certificate be executed ading physician and use as the burial-transit	edicai	that initiated events resulting in death) Last	0.	Due to (or as a c	onseque	ence of):						
death certifical attending ph	2											
attend for us	an	_	d									
	Physician/	Part il. Other elgnificant conditiona c	ontributing to death t	out not resulting Ir	the und	derlying cause giv	/en in Part i.	23	b. Did tobac	co use cor	ntribute to 1	the cause of death?
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as that igned is det	P											
HECOTOS, Phe law requires that has been signed to age 2 should be detailed.	8							24	a. Wes en eu performadi	topsy	24b. Wer	e eutopay findings labla prior to
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OIVISION for Attending after death. Director: After din by the fune	tion	1 Natural 5 Pending Investigation	(Month, De		njury	28c. Injur Wor M 1	rk? Yes 2 □ N			,,		
Attending in death.  ector: After by the fune	Certification:	3 ☐ Sulcida 6 ☐ Could not b	e 200 Diago of In	jury - At home, fa	m otros				nation (Street	and Numb	ar ar Pural	Routa Number,
or A affar Direct in by	F	4 ☐ Homicide determined	building, et	c. (Specify)	m, suee	st, lactory, office		City	or Town, Ste	ano reunibi	er or nurar	noute reuniper,
pital ours illed		200 Contilled and Contilled The										
Hospita 24 hours Funeral etaly filled	edical	29a. Certifier (Check only one)  1 Certifying Ph 2 Medical Exen	yaiclan: To the best niner: On the basis o	f examination and	, deeth o	occurred at the tir stigetion, in my o	na, date and pinion, death	placa, and due occurred at the	fo the cause e time, dete a	(s) and maind plece, a	nner as sta and due to t	ted. he ceuse(s)
DIVISION  To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.	Mec	29b. Signature and title of continu	and manner st	ated.	0	29c. Licans	a number		204 5	Jata eleme	d /Adoubt C	ou Voor
5 ¥ 5 0		200. Oignature and title of Charmin	11/1/	11. /	30		a number		290. [	vate signed	(Month, D	ay, rear)
1	+	fellesed	elle	egele	9	007	099	/	De	36	+	16
		30. Name and address of person who	completed cause of				),	2 -	1 ~~ ~	1 11	11.	0817
		FRANCIS C MI	14/18 10.	US FER	NU	0000 M	1) 4	3677	ES D	A M	102	0017
	tate	31. Date filed (Month, Day, Year)		rer's Signature								
Regis	trar	DEC 1 0 199	6 gala	Davidson-1	jande	SIL.						

DHMH 16 Ray 6/95

10 as talk et a 

3. TIME OF DEATH

9. BIRTHPLACE (State or Foreign

10d. INSIDE CITY 1 TES 2 NO

t4. RACE — American Indian, Black, White, atc. Specify: White

Approximate interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

ation end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated.

10:45 am M

REG. NO.

FOR STATE REGISTRAR

DIVISION

BE

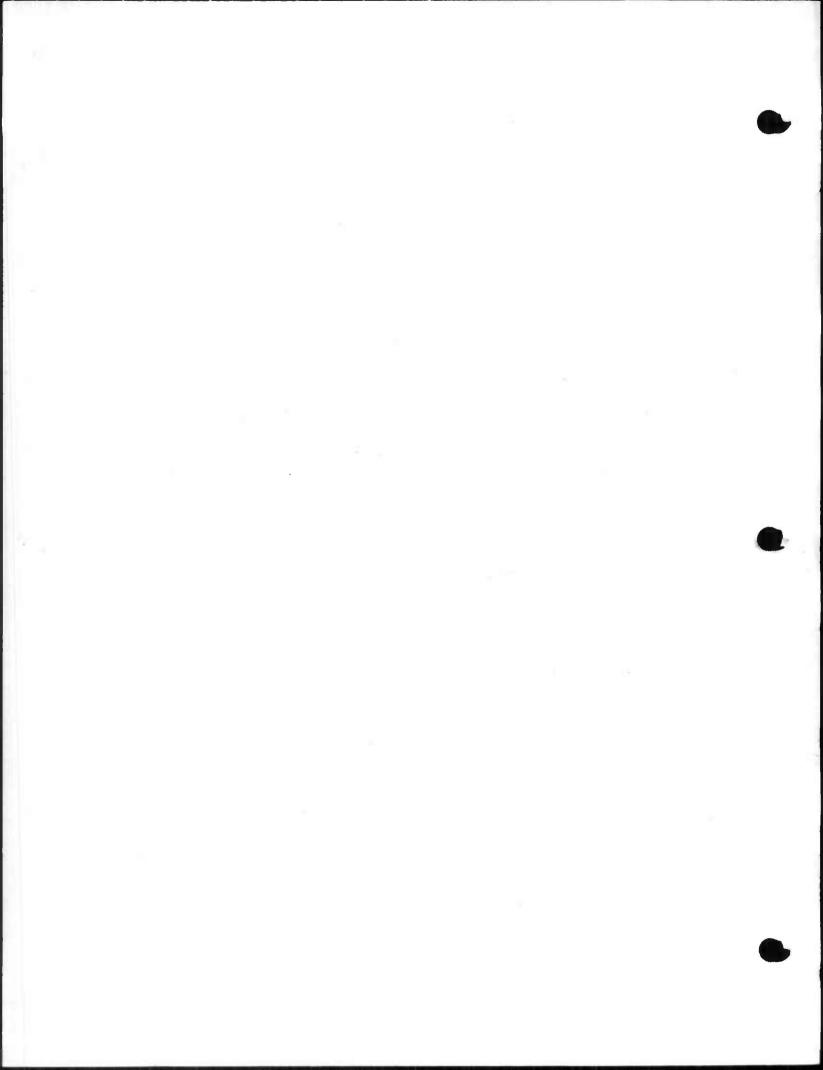
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TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 11

_			1. DECEDENT'S NAME (First	, Middle, Last)		<u>``</u>		_				2. DATE	OF DEATH			3. TIME OF D
			David		Khasdan							Dece	mber	8, 19	96AR	10:45
			4. SOCIAL SECURITY NUM		5. SEX		rs. last birthday)		ER 1 YEAR	IF UNDER	7	7 DATE	OF BIRTH		9. BIRTH	IPLACE (State or
			212–21–665	7	1 🔀 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	Auc	in. Day. Year)	1996	Rus	"sia
	3 should	~	9e. FACILITY NAME (If not in	natitution, give at	reet end number)		_			OR LOCATI	ON OF DE	ATH			NTY OF D	
	1, 2,	СТОВ	Hebrew Ho					Roc	kvi	11e	-			Mon	tgom	ery
	Pages	DIRE	10e. STATE	10b. COUNTY				TY, TOWN		ATION					-0	10d. INSIDE C
	aji G		MD	Coun	t <u>y</u>		Roc	kvil	lle						7	1 TES 2
	nsit permit.	FUNERAL	6121 Montr		ad				10	2085	_					States
020 physician.	al-tra	3	11. MARITAL STATUS		12. WAS DECEDENT			13.					N? (Specify )	fee or No-	14. RACE	- American in
215-0020 attending physic	the burial-transit	B₹	1 Never Merried 2 3 Dive		FORCES? 1 IF YES, GIVE W				If yes, s	pecify Cube S 2 NO	Mexice Specify		Ricen, atc.)		Black	y:White
215-0 attending	use as	COMPLETED		EDENT'S EDUC y highest grade		16	a. DECEDENT	S USUAL (	OCCUPAT	ION		160	b. KIND OF 8	USINESS/IN	DUSTRY	
6	0	91	Elementary/Secondary (	T	College (1-4 or 5+	)	(Give kind of life. Do NOT of	rse retired.,	)	iosi or worki	ng		(E-			
AND the hospital	detached once.	MP			2		Manage					I N	lanufa	icture		
Y a	detach	္ပ	17. FATHER'S NAME (First, N Faithel Kh										Middle, Meide	en Sumame)		
H A	od be	띪											isdan			
MARYLA retained by the	5 should netffed	2	190. INFORMANT'S NAME (										ber, City or To		,	
	90 90		Tamara Va			Towns of					Ct.		ville			
E G E	death. Page 6 m		1 St Buriel 2 Crematic	on 3 🗆 Remo	oval from State	<ul> <li>cemeter</li> </ul>	ACE AND DATE y, crematory or lean Me	other place	1		ns	12/	/10 O1	nev,		wn, State
2 2			21. SIGNATURE OF FUNEILA	ERVICE LIC	ENSEE		of Harris	22	NAME A	NO ADDRE	SS OF FAC	CILITY				
AL		- 6	2010										al Di			20852
afe or	of in by the or removal. medical e		23. PART I. Enter the d	Iseesea, or c	omplications that	ceused th	e death. Do									Approxi
hours	BOE		shock, or h IMMEDIATE CAUSE (Fig.	eart Isliure. I	list only one ceu	se on each	line.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Interval Onset a
₩ 72 H	ompletely filled I, cremation, o event, the m		disesse or condition resulting in death)		IEET	MI	DDLE	CE	RE	BRA	-4	40 1	KAY	THO	n m D	
Do Tal	crem		resorting in coatti)		DUE TO					/		1101		1112	1100	3 4
executed wi		Z	Sequentially list condit		HY	PER	TEN INSEQUENCE	15/1	ON							YEN
ate be ea	vician and c rior to buris traumatic	CERTIFICATION	If any, leading to imme	diate	DUE TO	OR AS A CO	NSEQUENCE (	OF):								
ig a		5	CAUSE (Disesse or Inju		DUE TO	00 45 4 00	NSEQUENCE (									
certificate	ding phy tygiene g	Ē	that initiated events resulting in desth) LAS	т	002 10 (	OH AS A CO	MSEQUENCE (	n-):								
death L	attend intal Hy	G														<del>-</del>
CHDS,	s been signed by the att pt. of Health and Menta 3 shows any injury,	A	PART II. Other significe									Part I.		N AUTOPSY	24b	WERE AUTOPSY AMAILABLE PRICE
S # C	Health an	MEDICAL	ARTERIO	SCLE	ROTIC.	HE	ART	$\mathcal{D}_{i}$	ISE	A5	E		1 TYES	-		COMPLETION O
E E	n sig	E														1 YES 2
EW E	has bee Dept. or	ä	DID TOBACCO U	SE CONTR	IBUTE TO CAL	JSE OF [	DEATH Y	ES 🗷	NO [	JUNG	ERTAIN	1 🗆				
The law	State De	PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	26,	PLACE OF DEA	_		)						
NA .	certificate to the State of the	YS.	1 TES 2. NO		1   Inpatient 2	ER/Outpatle	nt 3 🗆 DOA	OTHE		me 5 🗆 Re	sidence	6 🗆 Othe	or (Specify)			
5 E	with the	표	27. MANNER OF DEATH  1 Natural 5	Pending	28e. DATE OF (Month, De		28b. Til	AE OF JURY		JURY AT ORK?		28d. OE	SCRIBE HOW	INJURY OC	CURED	
NG P	After this c death with s marked,	B	2 Accident	Investigation				М		YES 2	NO					
ATTENDING PHYSICIAN: The	after 28	ETED		Could not be determined	28e. PLACE OF building, e	itc. (Specify)	At home, ferm,	street, tac	ctory, offi	ce		281. LOC City	ATION (Street or Town, Stell	et end Numbe (e)	or Rural R	loute Number,
5 8	DIRE hours	MPLE	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of a	ny knowledg	e, death occur	red at the	time, dat	e end place	, end due	to the ce	use(e) and m	anner ee ste	ted.	
HOSPITAL	FUNERAL within 72 ITANT: If				a: On the beels of ex											and manner ed
¥	d within	Ö	29b. SIGNATURE AND TITLE								ENSE NUM			_		(Month One Vac

29c. LICENSE NUMBER 05885 DEC 9, 1996 une 2/2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MONTROSE STEVEN ROCKVILLE 6121 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Savidson Randoll 0 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene 96 39066

					Ce	rtificate	of Deat	h		Reg. No.	0 (	33000
		1. Decedant's Nama (First, Middla, Las	st)						2. Data of Da	ath		3. Time of Death
Physici /Medic		Virginia	Ε.	Keny	on				Decembe	er 4, 1	996	5:45 AM
Examir		4e. Fecility Name (If not institution, give	e street end numba	r)			4b. City,	Town, or L	ocation of Daati	4c. Count	ty of Death	
		1131 University	Blvd., We	est, #2	18		Sil	ver S	Spring	Mor	ntgome	ery
Funeral Director		3/0-03-1430	ax □ M 2√2 F	Aga (In yrs. las 85	t birthday) Yrs.	if Under 1 Y Months D	aar If Und eys Hours	er 24 Hrs. Min.	8. Deta of Bir (Month, Da Dec. 2:	th y, Year) 3, 1910	9. Birthp Cour Virg	place (State or Foraign http:) inia
and wenter tygene. Is marked other than "natural", or frame 23a or 28a-f show aumstic event, the Medical Examiner must be notified at	tor	Usuel Rasidance of Decedent  10e. State  10b. County  Maryland Montgome	Way	10c. City, 1								10d. Inside City Limits 1 ☐ Yes 2 ☑ No
288	Director	10e. Street and Number	ГУ	51	TVEL	Spring				10g. Citizan of	What Cour	ntry?
3a or		1131 University	Rlad We	et #2	1 0		902			USA	vilat oou.	,
ms 2	Funeral	11. Marital Status	12. Wes Decadar	nt Evar in U.S.				Origin? (Sp	pecify Yes or No Rican, atc.)		ca - Amaric	can Indien,
Sign		1 ☐ Navar Married 2 ☑ Married	Armad Forcas						o Rican, atc.)		ack, Whita,	atc.
8	by	3 ☐ Widowed 4 ☐ Divorcad	If Yas, Giva Yaar or Dates	:		1□Yas 2⊠	No Specia	fy:		Speci	b.	White
Sical Sical	Completed	15. Dacadent's Ed (Specify only highest gra	ucation		16a. Daced	dant's Usual O kind of work d	ccupation	net of work	kina	16b. Kind of E	Businass/In	dustry
Mes	npie	Elementery/Secondary (0-12)	College (1-4o	r 5+)	lifa. I	DO NOT usa n	atired)	OST OF WOR	ning .			
2	Co	11			Ma	nager/	-			Car		
ř	Be	17. Fathar's Name (First, Middla, Last)							na (First, Middla,		ma)	
	2	George Downs							iarie Ch			
		19a. Informant's Name/Ralationship (7										Code 20902
any injury or other traumatic		Frank Kenyon / H	ısband					lvd.,	-			r Spring,MD
		20e. Mathod of Disposition 1 ☑ Burlai 2 ☐ Cramation 3 ☐	Removal from State	0.000	atary, cran	sition (Nama on athai	placa)	i	Data	20c. Location	- City or To	own, State
		4 □ Donation 5 □ Othar (Specify	)			11 Ceme			2/7/96			
ğ		21. Signature of Furural Sounds Licen	109/		22	Nama and A	ddrass of Fac	ility Hin	es-Rina	ldi Fur	neral	Home
OI	1	mul . Just	Yue-			Silver	Sprin	mpsni g. Ma	re Aven	20904		
	U	Part1. Enter the disease, or companies, or heart failure. List only of	lications that cause	ed tha daath. I	Do not ant	er the moda of	dying, such	es cardiac	or respiretory a		1	Approximate Interval Batween
an												Onsat and Death
al er		Immadiata Ceusa (Final disaasa or condition	Dia	betes								Many Years
ı	ų.	resulting in daath)		Dua to (or as	s a conseq	uanca of):						
	Examiner		Cor	onary A	Arter	y Disea	ase					
	хап	Sequentially list conditions,		Dua to (or as	s e con <i>s</i> aq	uanca of):						
1		if eny, laading to immadiata causa. Entar Undarlying Causa (Disaase or injury	cCon	gestive	e Hea	rt Fai	lure					
	/Medical	thet initiated avents resulting in deeth) Lest	d	Dua to (or as	a conseq	uance of):						
	Physician	Part II. Other significant conditions co	ntributing to death	but not rasultin	ng In tha ur	ndarlying caus	a givan in Par	t I.	23b. Dld 1	obacco use co	ontribute to	o the cause of death?
	by Phy	Dementia							1 🗆	Yes 2☑ No	3 Prol	bably 4 Unknown
	Completed						· · · · · · · · · · · · · · · · · · ·		24e. Wes perfo	an autopsy med?	av	ara autopsy findings allable prior to impletion of cause
	E											death?
	9 C	DE Man ages referred to modical							101		1	☐ Yas 2½ No
	00	25. Was casa rafarrad to medical axaminer?	Hospitel:				Other		th (Chack only o			
	- T	1 ☐ Yes 2 ☑ No  27. Mannar of Daeth	1 ☐ inpat		Outpatien  b. Time of		-401	Vursing Ho	oma 5 Rasio			(V
	Fig	1 Natural 5 ☐ Panding	(Month, D	ay Year)	Injury		njury at Work? 1 □ Yas 2 [	TNo.	200. Dascribe i	low injury occu	ireu	
	Ica	3 Suicida 6 Could not be	28a Piece of In	niury - At home	form etre			7140	28f Location (5	Street and Num	her or Pure	al Route Number.
	Certification:	4 ☐ Homicide detarmined	28a. Piece of In building, e	tc. (Specify)	i, ieiiii, stit	sat, factory, on	108		City or Tox		Del Ol Hula	ir nobte Number,
	edicai	29e. Certifier (Check only one) 1 ★ Certifying Phy 2 ★ Medical Exami	elcien: To the best ner: On the besis of and mennar s	of axamination	dge, deeth and/or inv	occurred at the astigation, in r	e time, data a ny opinion, de	and placa, eath occur	and due to the d red et tha time,	eusa(s) and m data and place,	annar as st and due to	teted. the ceuse(s)
	ž	29b. Signatura and title of cartiflar	1 /			29c. Llo	ansa numbe			29d. Date signa	ad (Month,	Day, Year)
		· Ccharythet	Mhy			24	3496			Decemb	er 4.	1996
	-	30. Nama and eddress of person who c		death (Itam 23	la) (Type, I	Print)						
		MOHAMMAN A KHA					, Suit	e 50	2, Silve	r Spri	ng, M	D 20902
Stat	te	31. Dete filad (Month, Dey, Year)		rar's Signatura								
istra	ar	DEC 0 9 1996	Juna	r	5							
v 6/95		- 0 1330	Juna	aurason-	Mandal	2						
			_									

				Sta	ite of	Marylan		epartme C <i>ertifica</i>		Health and I <i>Death</i>	Mental H	ygiene C	96	39067
Physici		1. Decedent's Nama		, Last)							2. Data of D Month Decem	Death	Yaar 199	3. Time of Death 6 03:54 Am
/Medic Examin		4a. Fecility Nama (If n		, giva street	end numb	er)	ivin	gstone	2	4b. City, Town, or L	ocation of Dea	ath 4c. Coun	ty of Deal	
Funeral Director		Union H 5. Social Security Nur 187-14-5	mber 366	al 6. Sex 1⊊(M 2		Aga (In yrs.	last birth	Month	ler 1 Year s Days		8. Deta of B (Month, L			thplaca (State or Foraign puntry)
pul		Usual Rasidance of D	ecedant 10b. County			100 Cit	Y Town	or Location						
ehor ehor	'n													10d. Inside City Limits 1 ☐ Yas 2√ No
the A	Director	Delaware  10e. Street and Numb		Castle		N	ewar		ip Code			10- 03	Clare of Or	
with or	ō							101. 2				10g. Citizan of		ountry?
leath ms 23	Funeral	11 Cynthi 11. Maritel Status	а коас		s Dacada	nt Evar in U	.s.	13. Wes Dec		702 Hispanic Orlgin? (Sa	pecify Yas or N	US 2		rican Indian,
72 hours efter death with the Maryland naturel, or flems 23s or 28s-f ehow deal Examiner must be indiffed at	þ	1 Navar Married		ed 1 [	ned Force Yes 2 Yes Give	s?			ecify Cub 2X No	Hispanic Origin? (Spen, Maxican, Puarto Specify:	Rican, atc.)	Spec	ack, White	
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Depertment of Health and Mentel Hygiene. Important: If Item 27 is marked other than "naturel; or Items 23s or 23s-1 show any Injury or other traumatic event, in Medical Examiner is sail be indiffed at once.	Completed	(Spacify	5. Decedent' only highasi lary (0-12)	s Education			16a. D	Decedant's Us Giva kind of v lifa. DO NOT	suai Occup vork dona usa retire	pation during most of work d)	king	16b. Kind of I	Business/	Industry
hygier her ti	S	17 Fath of North (File	tona Adriabato d		2		Dr	aftsma	ın				emica	al
ntel H ed off	Be	17. Father's Nema (Fi			a+ a n .					18. Mothar's Nam			ma)	
d Mer mark mark	2	Charles				2	401 4	4-21 4-4	(0)	Edith N		74	0	
d 2 s th an 7 le r		19e. Informant's Nam					1			t end Number or Ru				
Heat Heat other		Anna May 20a. Mathod of Dispos		gstone	/Wire	20b. F	Place of D	Disposition (A	ama of	oad, Gler	Data	Newark, 20c. Location		19702 Town State
eges ant of t: If II y or c		1 St Buriei 2 □ 0 4 □ Donation 5			i from Sta	ta l		crametory of						
ortan Injur		21. Signature of Funa				GI	acei			al Park   1	.2/11/9	p New (	Jasti	Le, DE
Deper Import any Irr		HOTO	10					Bees	on M	emorial S	Service	s		
		23a. Part1. Enter tha shock, or heert f	disaasa, o	pmplication	s that caus	sed tha daat	h. Do no	2053	Pull oda of dyi	aski High	way, N	ewark, I	DE 1	9702 Approximata
Physician /Medical		Immediata Ceuse (Fir disaasa or condition			sa on aaci								i	Interval Batween Onsat end Deeth
Examiner		rasulting in daath)		е		Dua to (c	or as e co	nsequence o	f):					
pe isi	line			b		Core	مده	A	rter	fartlow y Diren	10		1	Terrs
icate be executed physician and s the buriel-transit	I Examiner	Sequantially list cond if any, leading to imm causa. Entar Underly Causa (Disaasa or Inj	itions, adiata ing			Due to (o	ras a co	nsequanca o	f):				i	
ndificate ting physics as the t	Medical	that initiated avents rasulting In deeth) Las				Dua to (or	ras a cor	nsequance of	):				i	
eeth certif ettending for use e	Physician/M			d										
the e	ysic	Pert II. Other eignifica	int condition	a contributir	g to daath	but not ras	ulting in th	ha undarlying	cause gi	van In Part f.	23b. Die	d tobacco uee c	ontribute	to the cause of death?
requires that the deeth cer been signed by the ettendin should be detached for use	þ		Hy	perter	11/01	3						Y•• 2□ No		robably 4 ☐ Unknown
S 80 0	Completed		Chro	ساد ا	065.	truct	lic	Palma	ואיר	y Disens	24e. Wa	s an autopsy formad?		Were autopsy findings available prior to completion of cause of daath?
cate t											1	Yas 2 No		1 ☐ Yes 2 ☐ No
ysician: The li is certificate he director, page	Be	25. Was casa referred axeminar?		Hospite					Ott	26. Piece of Dea				
6 6 =	tion: To	1 Yas 2 No 27. Manner of Death 1 Naturei 2 Accidant	5 Pending	28a	Date of I		28b. Tim Inju	na of	28c. Inju Wo	4 LI Nursing H		sidance 6 🗆 Or how injury occu		cify)
after dea Director	Certification:		6 Could no datarmin	ot ba	Piaca of building,	Injury - At ho atc. (Specify	oma, farm	n, streat, facto	ory, office			(Streat and Num own, Steta)	ber or Ru	ural Route Number,
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Cartifiar 1[ (Check only 2[ one)	Certifying  Medical E	xaminer: Or	To tha beat tha basis d mannar	of examinal	wledga, d	daath occurre or invastigation	d at the ti	ma, data and placa, opinion, daath occur	and dua to the	a causa(s) and n a, data and pleca	nennar as , and dua	s stated. to tha cause(s)
Mithin Fo the	¥	29b. Signeture end titi	a of certifiar	311				2	9c. Licans	sa number	T	29d. Date sign	ed (Mont	h, Day, Yaar)
,		1/1	14-1						DE	17711		Decemb	-	9,1996
6	-	30. Nama and address	s of person w	no compiete	d cause o	f daeth (Itam	23a) (Ty	ype, Print)						, , , , ,
		3 Man	1250	Ave.		orthe		MO	210	105				
Stat Registra		31. Data filed (Month,	EC 12	1996		trar's Signa		Mandall	2					

32. Registrar's Signatura

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Livingstork, DAVid

der fight and market and the gradual 

State of Maryland / Department of Health and Mental Hygiene Q 6

					y laria / c	Certifica		Death		g. No.	) )	900	0
	Physic	on	1. Decedent's Neme (First, Middle, La	st)					2. Data of Deet Month		Year	3. Time of	Deeth
J	/Medi		RUTH ELIZABE						DEC.13	, 1990	6	3:45	A.M
1	Examir	ner	4a. Facility Nama (If not institution, giverally 11619 PHEASAN)					4b. City, Town, or I		4c. County		TON	
Н	-		5. Social Security Number 6. S		(In yrs. lest bir	thday) If Unda	r 1 Yaar	HAGERST			HING	IUN lace (Steta or	- Foreign
	Funeral Director					Yrs. Montha			8. Dete of Birth (Month, Dey. OCT.13,	1913		SYLVAN	
	hend Mon		10a. Stete 10b. County	1	IOc. City, Tow	n or Location					11	0d. fnside City	y Limits
	Mar a-f et	ctor	MARYLAND WASHIN	GTON	HAGE	RSTOWN						1 🗆 Yes	2 💢 No
	ith with the Marylen 23s or 28s-f show ust be nottried at	al Director	10e. Streat end Number 11619 PHEASANT	TRAIL			Code 2174	12	10	U.S.		try?	
21215-0020	ours efter des ral', or items Exeminer m	by Funeral	11. Marital Status  1 Never Merriad 2 Married  3 X Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Dates:		13. Wes Dece If Yes, spe 1 \( \triangle \trian		Hispanic Origin? (Speen, Maxican, Puart Specify:	pecify Yes or No- p Rican, atc.)	Biac	- America k, White, a : WHI	atc.	
5-0	hin 72 ho s. in "natur	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a.	Decedent's Usu (Give kind of w	ai Occu	pation during most of work	king	16b. Kind of Bu	siness/Ind	lustry	
121		npl m	Elementery/Secondery (0-12)	College (1-4or 5+)				during most of word ed) ECRETARY		COAL	COMP	ANV	
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Š	of or J	Certification:	A Homicide determined	bullding, etc. (		, 0.1.001, 100101	y, omac		City or Town				
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** 4e. Facility Name (If not Institution, give street end number) Decombo /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 8. Date of Birth (Month, Dey, Year)

Nov. 28, 1915

9. Birthplaca (State or Foreign Country)

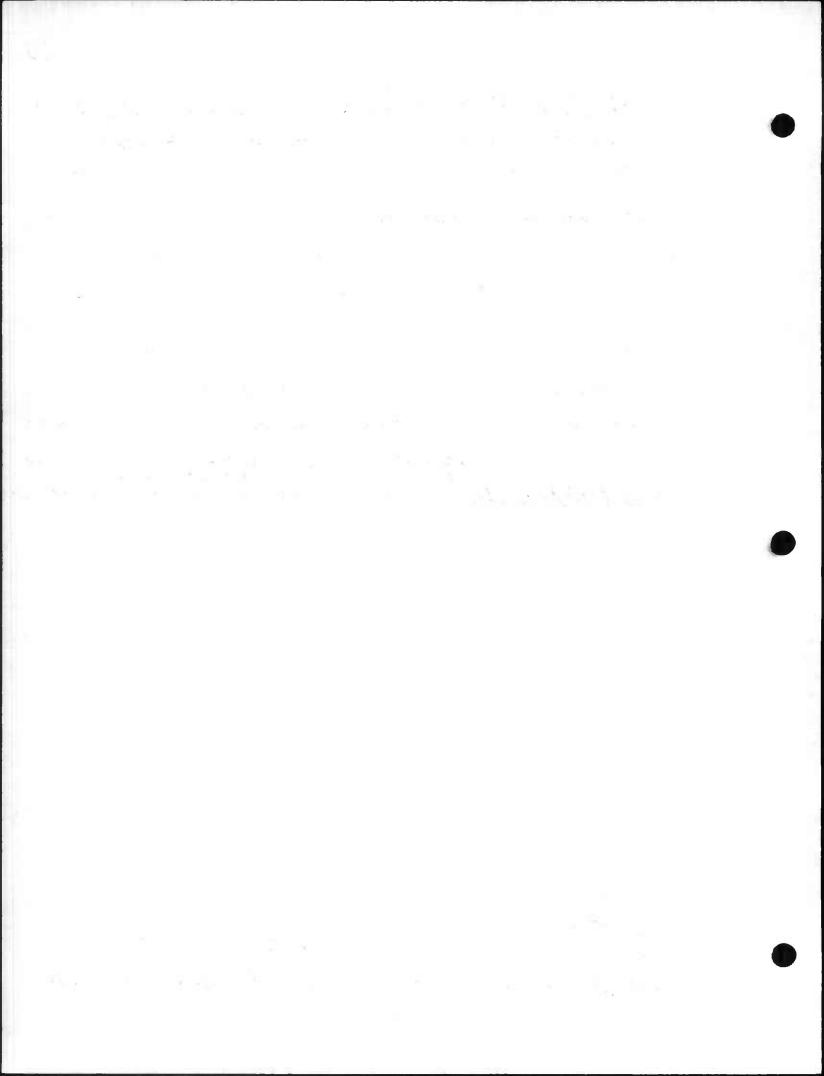
Mary Land 5. Social Security Number If Under 1 Yeer 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 1□ M 2K F Months Deys 214-32-4858 Yrs. Director 81 Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes Ž ☐ No Maryland Washington Director Hagerstown 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 72 hours after death with 1607 Mt. Aetna Road 21740 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 □ Yes 2집 No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bieck, White, etc. 11. Marital Status 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes ZX No Specify: white þ 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within:
Department of Health and Mental Hygiens important: if hem 27 is marked other than any injury or other traumatic Elementary/Secondery (0-12) College (1-4or 5+) Homemaker own home 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Cecil B. Ridenour Flossie Ambrose 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Betty Jean Lynch 17301 Brandon Terrace, Hagerstown, Maryland 21740 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Rose Hill Cemetery 12-16-96 Hagerstown, Maryland 22. Name and Address of Facility 21. Signature of Funeral Service Licansee MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting In death) /Medical Examiner cadio vasculadis the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Records, P.O. Box 68760. attending physician Physician/Medical Due to (or as a consequenca of): use as ò signed by the al Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? dibutio, conjective 1 Yes 2 No 3 Probably 4 Unknown ģ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed de discuse, chronic certificate has 2 No 1 ☐ Yes 1 T Yes 2 T No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Wes case referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Yes 2 No Medical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 1 SNatural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piace, and due to the cause(s) end manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a, Certifier (Check only one) 29b. Signature and 29c. License number 29d. Date signed (Month, Day, Year) 26806 and address of person who completed cause of death (item 23a) (Type, Print) Hagerstain MD 21742 Registrar's Signature State

ale d'avalence

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

, Amended item # 26 per CCHD per physician 12/16/96 Carroll Co. p.1.c.

Certificate of Death

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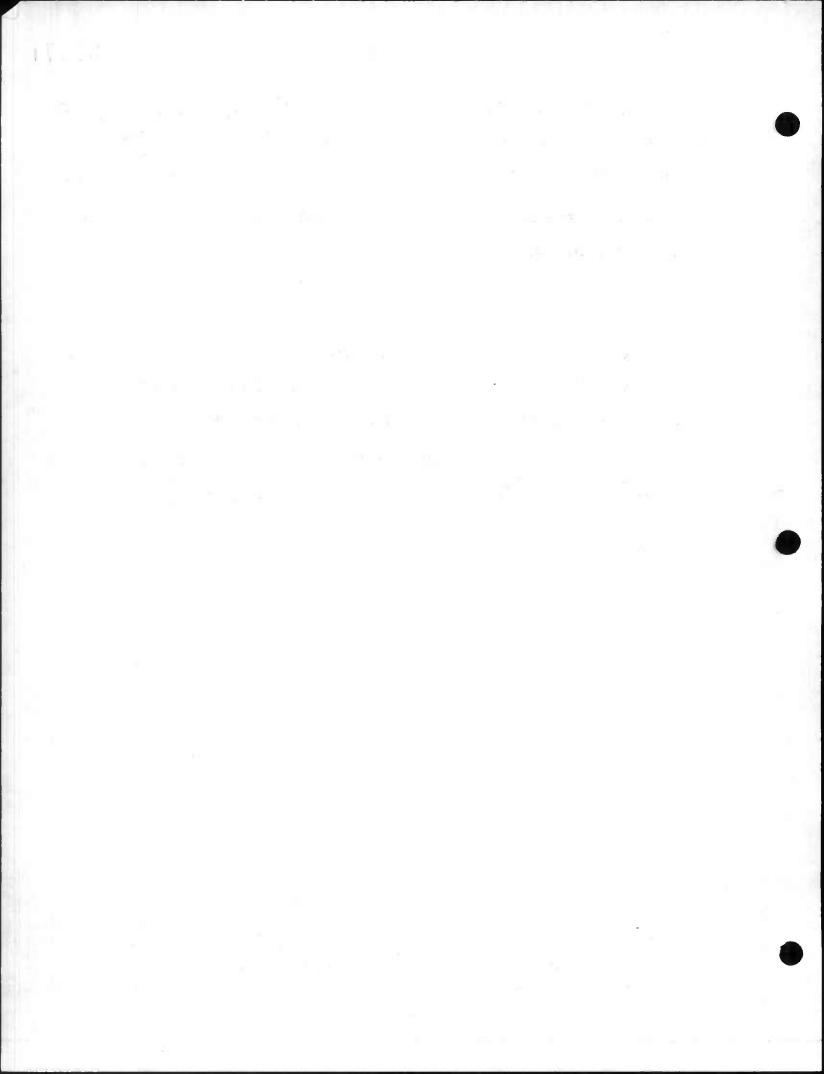
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	and **		10a. Stata	10b. County		1	0c. City, Town	or Loca	ation						10d. inside City Limits
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0	r Har	Fur	1 Nevar Marrie	ed 2 Merrie	Armed F	orces?					xican, Puèrt	pecify Yes or No o Rican, atc.)	Ble	ck, White,	
21215-0020	d within 72 hours after death with the Maryland liene. Than "natural", or flams 23a or 28a-f ahow Tre Medical Examiner must be notified at	by	3 💢 Widowed	4 Divorced	If Yes, Gi Yeer or D	2 □ No ive Detes: W	WII	1 [	☐ Yes 2½ No	Sp.	ecity:		Specia	y: CAL	JCASIAN
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Maryland	and and		19e. Informant's Ne	me/Reletionshi	p (Type, Pnint)		19b. I	delling	Address (Stree	et end A	lum <i>ber</i> or Ru	ıral Route Numb	er, City or Town	, State, Zij	p Code)
	is 1 and 2 Health item 27 I outher tra		DOROTHY F	. HANN	DAU	JGHTE	R 129	WE	ESTVIEW	DRI	VE TA	NEYTOWN	, MARYL	AND	21787
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E	Pages ment of I and: If Its ury or o		4 Donation	5 □Othar (Spe	ecify)		SMITHSE	URG	CREMAT	ORY	בַ	2/17/96	SMITHS	BURG	MARYLAND
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Fur	neral Service U	censee	1	1	22.	Name end Add	ress of I	Facility 13	6 EAST	BALTIMO	RE ST	TREET
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of Vital Records,	requires seen sign should be											24a. Wes	an autopsy	24b. W	ere sutopsy findings
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la		O O	25. Was case referre	ed to medical						00	Disease (Dec	10	3.8	] 1	Yes 2 No
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			27. Menner of Deeth		28a. Dete	of Injury	28b. Tin	ne of	28c. Inju	ury et	LI Nursing H		how injury occu		'y)
on	Attanding Ph ir daath. ector: Attar th by the funeral	탏	1/2 Neturel 2 ☐ Accident	5 Pending Investigation		nth, Dey Y	ear) Inju	iry		ork? ]Yes	2 No				
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ā	s aftg	Certification:	4   Homicide		DUIID	ling, etc. (	Specify)					City or To	wn, Stete)		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29e. Certifier (Check only	t⊘ Certifying	Physician: To the	best of m	ny knowledge, o	leeth c	occurred et the t	ime, de	te end place	, end due to the	ceuse(s) end m	snner as s	iteted.
	the H in 24 the Fi	edical	one)	Z Medical Ex	taminar: On the b	ner stetec	i.	JI IIIVO	stigetion, in my	opinion	, death occu	rred et the time,	dete end piece,	, end due t	to the cause(s)
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			30. Neme end eddre												
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	Sta		31. Dete filed (Month		32.	tegistrar's	Signeture	. 0 .	,						
	Registr	ar	L	LUTO	1330 /4	- wa	AND AND AND	Val							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Leister Anna m 12 96 /Medicai An 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL H Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🖫 F Yrs. Director 220-26-6157 100 MAY 9, 1896 MARYLAND Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 28a-f show 10c. City. Town or Location 10d. Inside City Limits Item 27 is marked other than "naturel", or items 23s or 28a-f abov other treumatic event, the Madical Examinar must be notified at Director MARYLAND CARROLL HAMPSTEAD 1 X Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 1327 NORTH MAIN STREET 21074 USA Funeral Pages 1 and 2 should be filed within 72 hours after death inent of Health and Mental Hygiene. Int: If Item 27 is marked other than "naturel", or Items 23. 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced WHITE Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6 SEAMSTRESS SELF EMPLOYED 17. Fether's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Malden Surneme) IRVIN S. LEISTER 2 MAGDALENA B. NEUDECKER 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROSALIE CROFT, NIECE 102 HANOVER PIKE, HAMPSTEAD, MD 21074 Baltimore, 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Pages i Department of I-Important: If ite any injury or ott once. 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) HAMPSTEAD CEMETERY 12/13 HAMPSTEAD, MD 21. Signature of Fufferal Servica Licensee 22. Name end Address of Facility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Intervat Between Physician Onset and Deeth Immediete Cause (Finel disease or condition resulting in death) /Medical 24 HOURS PULMONARY Examiner Examiner ARTERIOSCLERUTIC DISEASE HEART The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760, attending physician Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by 2 2 No 3 Probably 4 □ Unknown 1 Yee RENAL FRILURE by 3 Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy parformed? HEPATIC FAILURE completion of ceuse of death? certificate 1 Yes 2 No 1 Yes 2 No or Attending Physician: Be 25. Was case referred to medicat examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 MInpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 28b. Time of Injury 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After t 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be 3 ☐ Sulcide 28e. Placa of Injury - At home, ferm, street, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.

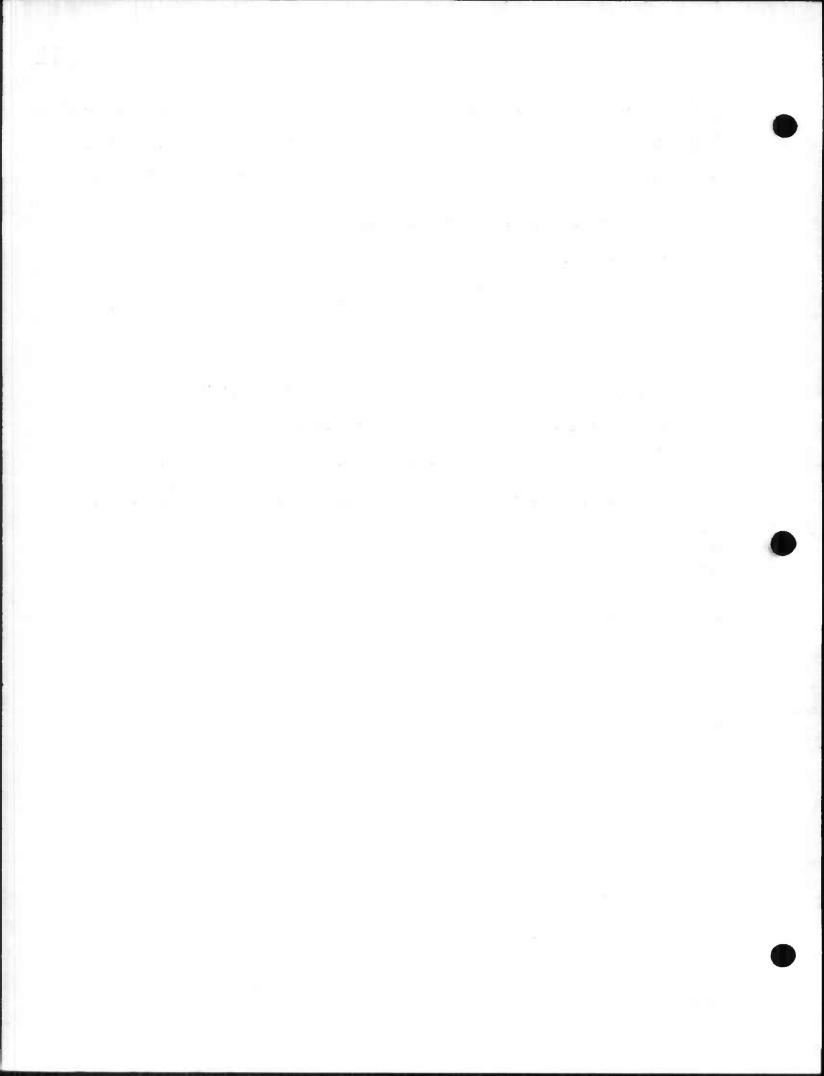
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) the th 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 20 1663 MD 30. Name end address of person who completed cause of deeth (Item 239) (Type, Print) & ANCHOR FIDECOJA VINCENT WESTMINSTER, MD 32. Registrar's Signature 31. Dete filed (Month, Day, Year) DEC 1 7 1996

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 39072

					,	Certifi	cate of	Death	R	eg. No.	0 0	71066	
	, Dhuais		1. Decedent's Nama (First, Middle, Last	)					2. Date of Deet Month	-	Yeer	3. Tima of Deeth	
	Physic /Medi		Rosalie Clothilda	a La Noce					Decembe		996	9:00 AM	
	Exami		4e. Facility Nema (If not institution, giva	street and number)				4b. City, Town, or	Location of Deeth	4c. County	of Death		
			Adelphi House			1-10-1		Adelphi		Prince			
	Funeral Director		5. Sociel Security Number 6. Sa. 199~20~7396  Usuel Rasidance of Decedent	7. Age	(in yrs. lest	Dill Uldey /	Inder 1 Yaa hths Days			Year) ,1927	9. Birthol County New	eca (Stata or Foreig try) York	'n
	fand w		10a. Stete 10b. County		10c. City, T	own or Location	1				10	Od. Inside City Limits	8
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	h the	Director	10e. Street and Number	oolge o	0011		f. Zlp Code		1	0g. Citizen of W	Vhet Count	lry?	
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20	swithin 72 hours after death with the Maryland ilene. Than "natural", or flems 23a or 28a-f show the Medical Examinet must be notified at	by F	1 ☑ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detas:	)	1 🗆 Y	ea 2⊠ No	Specify:		Specify			
21215-0020	tural	Pe Pe	15. Decedent's Edu		T	6e. Decedent's	Usuei Occu	mation		16b. Kind of Bu	Whi		-
215		Completed	(Specify only highest gredit Elementary/Secondery (0-12)			(Give kind of life. DO N	of work done OT use retire	during most of wo	rking	100.11.11.001.00	0110001110	ustry	
21	filed within Hygiene. ther than " ent, tre Me	EO.	12	College (1-401 5+	)	Realto	r			Real Es	tate		
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<del>Z</del> a	Mer	10	Henry La Noce					Rosalie					
Maryland			19a. Informant's Neme/Reletionship (Ty	rpe, Print)	1	19b. Melling Ad	dress (Stree	t and Number or R	urai Routa Number	, City or Town,	State, Zip	Code)	
	Heal Heal Heal ther		Elizabeth Romano 20a. Mathod of Disposition			3 Meado of Disposition		d Brick	New Jer	sey 08		- Ctoto	
Baltimore,			1 D Burial 2 Cremetion 3 R		ceme	etary, cremator	or other pla						
=	변환경		4 ☐ Donetlon 5 ☐ Other (Specify)  21. Signeture of Funeral Service Lieens		Cedar			ry ass of Facility	12/11/96	Suitlan	d, Ma:	ryland	_
Ba	Dep imp		1/4 /4			Franc	is J.	Collins	Funeral				
	_		23a. Pert1. Enter the diseese, or complishock, or heert feilure. List only or	lcations thet caused the	na daath. D	500 T o not enter the	Iniver	sity Blvc	1.,W. Si	lver Sp	ring	, MD 20901 Approximate	
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и	/Medical		Immediate Cause (Final disaese or condition	Ca	rdio.	- respi	rator	Arres	<u></u>		i	4	
н	Examiner		resulting in death)	D	ue to (or es	a consequence	e of):					4 min	
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687	ficate physis the	Physician/Medical	resulting in death) Last	De	ua to (or as	a consequence	of):				i		
Box		n/M		1						<u> </u>			
-	death ce e attendi	sicia	Part II. Other algniftcant conditions con	tributing to death but	not resulting	a in the underly	ing cause g	iven in Pert I	23b Did to	hacco usa con	tribute to	the cause of death	2
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ion	Attending or death. ector: After by the fune	ation	1 Netural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey	(ear)	Injury M		ork? ]Yas 2∐No					
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	Hospi 4 hou Funer tely fil	edicai	(Check only 2 Medical Examin	ician: To the best of e	my knowled	ige, deeth occu	rred et the t	ime, dete end plece	, end due to the ce	euse(s) and mei	nner as et	ited.	
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	Med	one) 29b. Signetura and title of certifier	and menner stete	d.			se number					
	F 3 F 8		Philip h.	Pott .						9d. Data signed		•	
	,/	}	30. Name and eddress of person who co	melated assessed as	th (lt 00	a) (Tura Brist)	OL:	2309	oth m.	12-16	77	74	_
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	Registr	ar	DEC 1 1 1996	cru a vai	Lacon-P	A STORES							



State of Maryland / Department of Health and Mental Hygiene 96 39073

					Cei	rtificate o	f Death		Reg. No.		
Physician /Medicai	-	1. Dacadant's Nama (First, Middia, L  Derron  A	1		6-			2. Data of Month /2	Daath Day	Yaar 94	3. Time of Death 4: /5/
Examiner	-	4a. Fecility Nama (If not institution, g						, or Location of De		inty of Death	
No. of Lot	4	Hyattsvill  5. Social Sacurity Number 6.					-	tsville			George's
Funeral Director		578-58-5298 Usual Rasidance of Dacedent	1 M 2□ F	48	Yrs.	Months Dey		Min. (Month,	Birth Dey, Yaar) 11-48		placa (Stata or Foraign ntry) lington_D
the Maryland r 28a-f show chottling at		10a. Stata 10b. County		10c. City, Tov	vn or Lo	cation					10d. Inside City Limits
Ba-f's	Ç	MD Prince	George's			Fo	restvi	lle			1 thes 2 □ No
vith the Ma	Dir.	10a. Street and Number				10f. Zip Code	1		10g. Citizan	of What Cou	ntry?
ath with	100	6423 Hil-M					2074			USA	A
r items 23s	nue	11. Marital Status	12. Was Decedent E Armed Forces?	1968	13. V	Was Decedant of Yes, specify Cu	f Hispenic Origin ıban, Mexican, P	? (Specify Yes or ruarto Rican, etc.)	No- 14. F	Race - Americ Biack, Whita,	
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Mental H Mental H arked out atic even	0	Clarence H		is				Hattie			1/2
2 should by and Menta Is marked aumatic ev		19a. Informant's Name/Relationship			o. Meilin	a Addrass (Stre		r Rurai Routa Nur			Code)
27 mg		Jaunita Lewi						ve #203			
nemit. Pages 1 end Department of Health Important: If Item 27 INJ Injury or other tu INGS.	1	20a. Mathod of Disposition				sition (Nema of	(aca)	Data	20c. Locatio	on - City or To	own, State
Pages nent of I int: If Ite		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec			-	d Vete		12/16	Che	1 tenh	nam, MD
* 5 5 5	F	21. Signature of Funarai Sarvica Lice	**	1	-	Nama and Add		/	0110	Tocini	iam, IID
Depariment Important Impor		Nancy A.	Percentre			J. B.	Jenkins	s Funer	al Hom	е	
Physician /Medical Examiner		23a. Part1. Enter tha disaasa, or cor shock, or haart failura. List onb immediata Cause (Final disaasa or condition resulting in death)	a	aid.	2	uenca of):	ylng, such as car	diac or respiratory	r arrest,		MD 20785 Approximate Interval Between Onset and Death
eath certificate be executed steading physician and ifor use es the buriel-transit clary. Medical Examiner		Sequentielly list conditions, if any, teading to hymadiate beusa. Enter Underlying Causa (Disasse or injury het initiated evants rasulting in death) Last	· Ep	opulation (or as a supplied to	uz	uanca of):	lure	Pure			
0 0 0	F	art II. Other significant conditions	contributing to daeth but	not rasulting i	n tha un	darlying causa	given in Pert I.	23b. Di	d tobacco use	contribute to	the cause of death?
thet the denote the detached y Physics				,~				1(	□ Y88 2 N	3 □ Prof	bably 4 Unknown
been signi should be								24a. We	as an autopsy rformed?	avi	ara autopsy findings allabla prior to impletion of cause
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icien: The certificate rector, pag		25. Was casa referred to medicat					00 Di (1		Yes 21 No	11	Yas 2 No
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2 5 5 E		3 Suicida 6 Could not be datarminad	a One Diese of trius	y - At homa, fa (Specify)	ırm, stra	at, factory, office		28f. Location City or T	(Street and Nur own, Stata)	mber or Rura	l Routa Number,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in Medical Cert		19a. Certifiar Certifying Pl (Check only one)	hysician: To the best of miner: On the basis of a and mennar state	my knowledge xaminetion an	, death d/or inve	occurred at that	ima, data end pl opinion, death o	aca, and due to th	a causa(s) and	mennar as st	ated. tha cause(s)
within To the comple		9b. Signetura end title of certifier	and morning state				ise number		29d. Dete sign		
		00 10 10.	Al un				- 1				
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4)	1		completed cause of dee	MAC C	Type, P	Maral	Stre-t	1 Aug	El m	40.1	20707
State	3	<ol> <li>Dete filad (Month, Dey, Year)</li> </ol>	- I WOF IN	s-Signatura	203	MITTIN .	11001	MITTE	11/	TRYING	10/00
Registrar		DEC 12 1996	This was	s Signatura	bell						

641 Marie Committee of the committee of the

					Certificate of	Death	Reg. No.		
	D		1. Decedent's Name (First, Middle, I	Last)	E I	2.	Dete of Death Month Day	Vec	3. Time of Death
	Physic /Medi		Koger Tho	mas Le	e	7	ecember 7	1996	5:000
	Exami		4a. Facility Neme (If not institution, g	rive street end number)	,,	4b. City, Town, or Locat		ty of Death	1-3
	AL AL		MAGNOLIA GAR	DENS NURSIN	6 HOME	HYATTSVILL	E	I.G.	
	Funeral Director		339-22-7701	Sex 1 Dr M 2 □ F 7. Age (In yrs.	A last birthday) If Under 1 Yea Months Dey:		Dete of Birth (Month, Day, Year) 2/3//18	9. Birthpl Count	lace (State or Foreign try) SVILLE, MI
	and **		Usual Residence of Decedent  10a. State 10b. County	10c. C	ity, Town or Location			10	0d. Inside City Limits
	death with the Maryland ms 23a or 28a-f show	ector	MD, P.G	. t	YATTS VILLE		10g. Citizen of		1 10 Yes 2 □ No
	a 23a or	Funeral Director	3611-657#	AVE	207	84-2411	U.	S.A.	
215-0020	or its	by	11. Marital Status  1 Never Merried 2 Narried  3 Wildowed 4 Divorced	12. Was Decedent Ever in E Armed Forces? 1 12 Yes 2 No If Yes, Give Year or Dates: 1943	1 Vac 2 79/14	Hispanic Origin? (Specificen, Mexican, Puerto Ricon)  Specify:	y Yes of No- an, etc.) 14. Ha Bli	ce - America ack, Whita, e	etc.
5-0	72 Part 1	etec	15. Decedent's (Specify only highest of	Education trade completed)	16a. Decedent's Usuai Occi (Give kind of work don	upation e during most of working red)	18b. Kind of E	Business/Ind	lustry
121		Completed	Elementary/Secondery (0-12)	College (1-4or 5+)	MALI CHERK	SUPERVISO	ON U.S	.60	V'T,
d 21	be filed withintel Hygiane. If other than event, trail	ပိ	17. Father's Neme (First, Middle, La:	st)	THITL CHECK		irst, Middle, Melden Sume	mel	
Maryland	should be filed and Mentel Hygi marked other imatic event, I	To Be	EMORY LEE			LILA S.			
	2 9 9 9	ľ	19a. Informant's Name/Reletionship MARGARET M. L	(Type, Print) EE / WIFE	19b. Mailing Address (Street 3611-6574)				
Baltimore,	permit. Pages 1 and Depertment of Haalth Important: If Itam 27 any Injury or other tr pncs.		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3		Place of Disposition (Name of cemetery, crematory or other place)		Date 20c. Location	- City or To	wn, State
Ë	Pa nen ury		4 Donation 5 Other (Spec	city)	cemetery, crematory or other pl ELTENHAM VET				, MD,
Salt	permit. Pag Depertment Important: I any Injury o		21. Signeture of Funeral Service Lic	ensee	22. Name and Add	Soll of Facility of G	120 × 20	WS	
ш	20 E 8 9		Dany 4	& Bross	492-	Quario		W-	c'-
-			23e. Pert1. Enter the disease, or co shock, or heart failure. List on	mplicetions that caused the dea ly one cause on each line.	th. Do not enter the mode of dy	ying, such es cardiac or re	spiratory arrest,	1	Approximate Interval Between
	Physician								Onset and Death
1	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting In death)	. TERMA	om PROS	TATE C	2000		8 grs
8		<u></u>	resulting in obath)	Due to (	or es e consequence of):	•			
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Ć,	tificata be executed g physician end as the bunal-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	Due to (	or as a consequence of):				
68760,	sa be ysicia	edical	thet initiated events	c. Due to (	or as a consequence of);				
	death certificata be execut e attending physician end of for usa as the burial-tran	Med	resulting in deeth) Last	500.00	. as a someoque of,				
Box	th cert endin r usa	an		d					
		Physician/	Pert II. Other significant conditions	contributing to death but not res	sulting in the underlying cause o	given In Part I.	23b. Did tobacco use c	ontribute to	the cause of death
P.0	# 200	Phy	PLANNERS	MELLITU	c Three	T	1 Yes 2 No	3 Prob	bebly 4 Unknow
S	8 5 8	l by	11	^		,		Tout We	and a second last and
0	v require been si should	etec	HULBELDY	out bret	emoscienon	c	24a. Was an autopsy performed?	ave	alleble prior to appletion of cause
Records,	80 CA	Completed	CAL	mon semen	Olhers	•	1/	of c	death?
a	ician: The l certificate hi rector, page			т			1□ Yes 2No	1 [	Yes 2 No
Vital	Physician: this certific ral director,	Be	25. Was case referred to medical examiner?	Hospital:		26. Place of Death (C			
Division of	Attending Physician: The I ar death. ector: After this certificate he by the funeral director, page	To To	1 ☐ Yes 2 ☐ No 27. Manner of Deeth	1 □ Inpatient 2 □	ER/Outpatient 3L DOA	4 Danvursing Home	5 ☐ Residence 6 ☐ Ot Describe how Injury occu		')
O	ding th. After	tlor	1 Natural 5 Pending 2 Accident Investigati	28a. Dete of Injury (Month, Day Year)	Injury W	ork? □ Yes 2 □ No	, , , , , , , , , , , , , , , , , , , ,		
/ISI	l or Attending I aftar death. Director: After I in by the funer	Certification:	3 Suicide 6 Could not	be 28e. Place of injury - At h	ome, farm, street, factory, office	9 281	Location (Street and Num	ber or Rure	l Route Number,
ă	s aftar I Direct	Le l	4 Homicide	building, etc. (Speci	fy)		City or Town, State)		
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (	29e. Certifler 1 Certifying F (Check only one)	Physician: To the best of my known aminar: On the basis of examina and manner stated.	owledge, deeth occurred at the ation and/or investigation, in my	time, dete and place, and opinion, death occurred	due to the cause(s) and mat the time, date end place	nanner as st , and due to	ated. the cause(s)
	Nithin Fo th	M	29b. Signature end title of certifier		29c. Licer	nse number	29d. Dete sign	ed (Month, L	Day, Year)
		,	I du ens	my had as	Y was	16197	13-	5-91	
	(1)	Va	30. Neme and eddress of person wh	o completed cause of death (Iter	m 23a) (Type, Print)	. 00 (-) (	4	10	
					42	enant M	tarram. In	N 3	2020
	Sta	ite	31. Date filed (Month, Day, Year)	32. Register's Sign					<u>=</u>
	Registr	- 27	DEC 11 19	96 Proposition	SKY VALVANA 4				

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				State of Marylan		artment of H			giene 9	6 3	39075
			1. Decedent's Nama (First, Middla, Last)					2. Data of De			3. Tima of Death
	Physici		LTIISO 1	ianha	$\sim$			Month	Day	Yaar	7:00am
	/Medi Examir		4a. Facility Nama (If not institution, giva s	street and number)			4b. City, Town	, or Location of Death	4c. County	of Death	1.00-1111
4	Examin	iei	Prince Ger	SOR'S HAR	Hall	anter 1	Che	MERLIA	120:N	OP C	enemo's
H	Funeral	15	5. Social Security Number 6. Sax	7. Aga (In yrs.	ast birthday)	If Undar 1 Yaar	If Undar 24	Hrs. 8. Data of Bir	th	9 Birthola	ca (State or Arreign
	Director			7. Aga (In yrs.)	Yrs.	Months Days	Hours	Min. 8. Data of Bir	y, Year) 4,1916	Country	ca (Stata orlebreign y) ington D.C.
н	_		Usual Rasidance of Decedant					1100. 2	4,1710	wasii	ington b.c.
	how		10a. Stata 10b. County	10c. City	, Town or Lo	ocation				100	d. Insida City Limits
	Me di	cto	Maryland Prince G	eorge's Up	per Ma	rlboro					X⊠Yas 2□No
	# # 28	Directo	10e. Street and Number			10f. Zip Coda			10g. Citizan of V	What Countr	y?
	72 hours after death with the Meryland natural', or ftems 23a or 28a-f show pical Expendent must be notified at		10809 Bennington	Drive		2077	74		Unite	d Stat	tes
	dea m	Funeral	11. Marital Status 1	12. Was Decedant Evar in U, Armed Forcas?	S. 13.	Was Decedant of H	Ispanic Origin	? (Specify Yas or No Puarto Rican, atc.)	- 14. Rac	e - Amaricar	
0	or Ho		1 Nevar Marriad 2 Married	1 ☐ Yas 2 ☒ № o If Yas, Giva		1 □ Yas 21☑Xio	Specify:	-bano Rican, atc.)		ck, Whita, at	c.
9	ours Fig.	i by	3 Widowed 4 □ Divorced	Yaar or Datas:		TEL TAS ZIONO	эрвспу.		Specify	· V	Vhite
5-	swithin 72 hours piene. r than "netural", the Medical Exp	Completed	15. Decedent's Educ (Specify only highest grade	cation a completed)	16a. Dece	dent's Usual Occupa	ation during most o	f working	16b. Kind of Bu	usinass/Indu	stry
21	within ene.	ldu	Elemantary/Secondary (0-12)	Collega (1-4or 5+)		kind of work dona o DO NOT usa retired	1)				
2	illed w Il Hygier other ti	S	11		Recep	tionist					rial Corp.
3nc	8 a 6 9	To Be	17. Fathar's Nama (First, Middla, Last)					Nama (First, Middla,		ia)	
ž	should be ind Mental marked o umatic eve	P P	Anthony Mercurio					mentine Mo			
Maryland 21215-0020	CI 0 2 2		19a. Informant's Name/Reletionship (Typ	pe, Print)	19b. Maili	ng Address (Street a	and Number o	or Rural Routa Numb	er, City or Town,	Stata, Zip C	ioda)
	of Health item 27 i		Dick Lanham	Son	4206	Yarnell	Court	Bowie Mar			
IO	8 7 7		20a. Mathod of Disposition t Burlai 2 ☐ Cramation 3 ☐ Ra	amoval from Stata	ematary, crar	osition (Nama of matory or other plac	-	Data	20c. Location -	City or Tow	n, Stata
tim	artmen ortant: Injury		4 ☐ Donation 5 ☐ Othar (Specify)	Fo	V			12/12/96	Brentwe	ood Ma	ryland
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signaturo di Funaral Service Licensa	la L	/	2. Nama and Addras		F 1 II	D /		
_	00500		sover C.	(Imma !				Funeral H Rd. Bowie			
Ŧ			23a. Part1. Entar tha disaasa, or complice shock, or haart failura. List only one	cations that causad the death a cause on each line.	. Do not ent	ar tha moda of dyln	ng, such as ca	rdiac or respiratory a	rrast,	1 /	Approximata ntarval Between
	Physician			/7 1	1 -01	MAN 4	× 1	TON Y	0 010		Onsat and Death
d	/Medical Examiner	Н	Immediate Causa (Final disaasa or condition	(0)	COR	MOU	MI	1eal	-1115	UN E	
и	LAUITIMICI	U	rasulting In death)	Due to (or	as a consec	quence of):		- 4 4/	cis	1	0.00
	po ii	Examiner	_ b		M	NEN	USCI	CEMU	1	1	
	and Fran	хап	Sequentially list conditions,	Dua to (or	as a consec	quenca of):			/		
8760,	ete be executed thysician and the buriel-transit	<u>=</u>	Sequentially list conditions, if any, leading to Immadiata causa. Entar Undertying Causa (Diseasa or Injury		_						
87	phys the	dical	that initiated evants rasulting in death) Last	Dua to (or	as a conseq	uance of):					
9 X	death certific e attending pl d for use as I	Me	d.							i	
Box	that the death certiff ed by the attending deteched for use at	Physician/M									
Ö		ysic	Part If. Other significant conditions cont	tributing to death but not rasu	lting In tha u	ndarlying causa give	an In Part I.	23b. Did	obacco uss cor	ntributs to t	he causs of death?
P.0	requires that the been signed by the should be detech							1 🗆	Yes 2 No	3 Probe	bly Sunknown
ds,	signe d be	d by						240 18/00		24h Word	e autopsy findings
Ö	v require been si should	Completed						24a. Was	an autopsy rmed?	avall	able prior to pletion of cause
36	2 8 6	Idm Idm								of de	iath?
a	cata h							10'	ras 2000	10	Yas 2□ No
of Vital Records,	Physician: The li rthis certificata he rai director, page	Be	25. Was casa rafarred to medical axaminar?	ospital:	10	Othe		Death (Check only o	na)		
o		To	1 Yas 2 No	TVUnpatient 2	ER/Outpatier	IL SEL DOA	4 LI Nursi	ng Homa 5 Rask			
E C	Ing I	- Lo	1 Aaturel 5 Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of injury	Work			now Injury occurr	red De	
Sic	Attending or death.	cat	2 Accident invastigation 3 Suicida 6 Could not be				Yas 2 □ No		24		
Division	or Attending after death. Director: After in by the fune	ertification:	4 ☐ Homicida datermined	28a. Place of fnjury - At ho building, atc. (Specify	ma, tarm, str )	aat, factory, office		City or Tov	Street and Numb vn, State)	er or Hurai F	louta Number,
	pital purs prai filled	0	20a Cadillar 4DC0-attuta-Dburt	Internal Trade I and A and							
	Hos Fun Fun	edical	29a. Cartifier (Check only one) Medical Examine	Ician: To the best of my know er: On the besis of examinati	viedge, deeth on and/or in	occurred at the time vastigation, in my op	ne, dete end p pinion, daath	place, and dua to that occurred at tha tima,	causa(s) and ma data and placa, a	inner as stat and dua to th	ed. ha causa(s)
	To the Hospital or Atlanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Me	29b. Signatura and titla of certiflar	and mannar stated.	00	29c. Licensa	a number		29d. Data signed	d (Month De	av. Year)
	FRES		Marko	166	llia	MAN V	771	611	A .	1-1	/
	(1)	-	20 None and attention	7 6 6		1/	/ -0		10	7/9	6
(	10/		30. Nama and addrass of person who con	mplated cause of deeth (Item	23e) (Type,	I mi	0. "	51/10/	Sai	ina	MM
	Sta	to	31. Data filed (Month, Day, Year)	32 Begistrar's Signat	ure _	6	/	111001	2/21	1110	1 101-
	Sta Registr		DEC 1 0 190	State Stude	orhenda	4			/	/	

The second second

BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	certificate be executed with	
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ION OF VI	NDING PHYSICIAN:	
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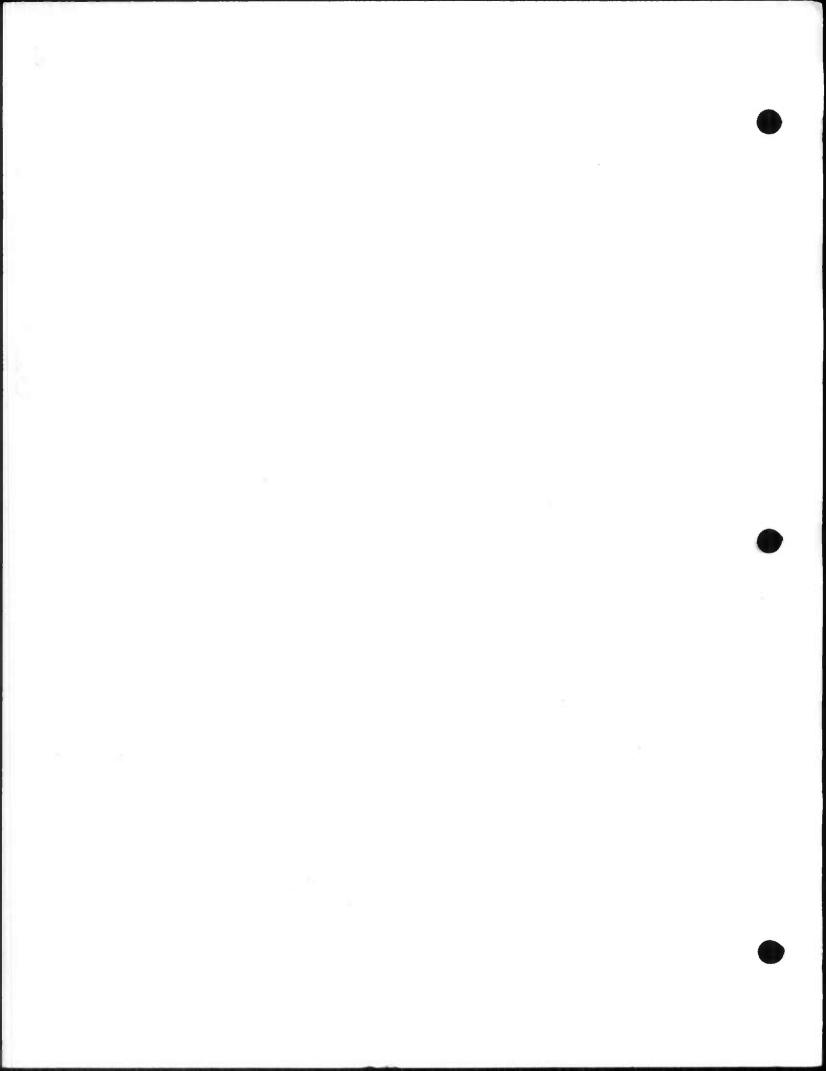
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH						
	Robert Stewart	Lindquist					7. 1996	2:20 P.M. M						
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Br	RTHPLACE (State or Foreign						
	362-28-6558	1 M 2 🗆 F	73 YRS.	MONTHS DAYS	HOURS MIN,	(Month, Day, Year) December	Co	2 Michigan						
E .	9a. FACILITY NAME (If not institution, give a Simeon House	treet and number)		ob. city, town Chevy	Chase	EATH	Montg							
DIRECTOR	RESIDENCE OF DECEDENT						1							
1	10a. STATE 10b. COUNT			Y, TOWN OR LOCA				10d. INSIDE CITY UMITS?						
ā	Maryland Mont	gomery	Che	evy Chas	se			1 X YES 2 NO						
FUNERAL	4601 Chevy Chase	Blvd			ON. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY? USA							
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	a or No.— 14 B	ACE — American Indian.						
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TO YE  IF YES, DIVE WITH OF  WW II & K	R DATES	If yes, s	pecify Cuben, Maxica S 2 NO Specifi	in, Puarto Rican, etc.)	8	leck, White, etc.						
9	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	vork done durina m	ION ost of working	16b. KIND OF BU	ISINESS/INDUSTR							
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	Officer	US Gov	.ornmont	9.0						
S	17. FATHER'S NAME (First, Middle, Last)	4	Troreign	SELVICE		ME (First, Middle, Maiden								
BE C	Alfred J. Linda	uist			Dagny	Hanson								
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Tox	vn, State, Zip Code)							
-	Jean Wittman		5504	Parksto	on Road,	Bethesda,	Marylan	d 20816						
	20a. METHOD OF DISPOSITION 1 Buriel 2 A Cremation 3 Rem	oval from State	206. PLACE AND DATE	FDISPOSITION /	eme of	DATE 20c. LC	CATION - City or	Town, State						
	4 Donation 6 Other (Specify)	2 N. 2025-514	Mount Con	fort Cr	ematory	12/9/96	Alexandi	ria, VA						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA									
	1	omos Po	. 9			uneral Ser		- 10 (10)						
	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do n	2230	Gallows	Road Dun	n Loring							
	23. PART I. Enter the diseases, or compilications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition	00	1 1	X				Onset and Death						
	resulting in death)	a. OUS OF A	remer .	1 41	sease			13 years						
-		DOE TO (ON A	S A CONSCOUENCE OF	·);										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	):										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с												
	that initiated events reaulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	7:										
斯		d												
	PART ii. Other algnificent condition	a contributing to death	but not resulting I	n the underlyin	g ceuse given in	Part i. 24s. WAS AN	AUTOPSY 2	14b. WERE AUTOPSY FINDINGS						
DICAL	Chronic Obstructive	e Pulmonary	Disease			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
l W	History of Smokin	/				1 YES :	2 A NO	OF DEATH?						
. M	DID TOBACCO USE CONTI	RIBLITE TO CALISE	OF DEATH YE	SINO	LINICEPTAIN			1 TES 2 NO						
A	25. WAS CASE REFERRED TO MEDICAL	MIDOTE TO CAUSE	26. PLACE OF DEAT			N AU								
SIC	EXAMINER?	HOSPITAL:	utnetlest 2   DOA	OTHER:	· ·	- 5 - 1								
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR			JURY AT		NI HIEW AGAINED							
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year		URY W	YES 2 NO	28d. DEŞCRIBE NOW I	NJUNY OCCURED							
8	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, etc. (S)	IRY — At home, farm, a pecify)	treet, factory, offi	ie .	281. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,						
	29a. CERTIFIER . X		<del></del>											
COMPLET	(Check only CENTIFYING PNYS)	CIAN: To the best of my kno												
Ö	2 MEDICAL EXAMINE	R: On the basis of examinar	tion and/or investigation	n, in my opinion,	Seath occured at the	time, date and place, ar	nd due to the caus	e(s) and manner as stated.						
ш	296. SIGNATURE AND TITLE OF CENTIFIER	1/1 10-	^		29c. LICENSE NUN	MBER	29d. DATE SION	ED (Month, Day, Year)						
TO B	Busa Mr	The same	D		D352.	79	12/	8/26						
F	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				7 - 0						
	C	M D 5520	TT!	A ** * * * * * * * * * * * * * * * * *	0	015 (1)	Chasa	Vm 00015						
	Susan J. Miller,	M. D. SSSU	Wisconsin	Avenue	, Suite	915, Chevy	chase,	MD 20815						



State of Maryland / Department of Health and Mental Hygiene  $9\,$ 

Certificate of Death 2. Deta of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Deeth Month Dev 1996 **Physician** 6:10PM ELI M. LIBBER /Medical 4e. Fscility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HEBREW HOME - WASSERMAN BLDG. ROCKVILLE MONTGOMERY 5. Social Sacurity Number If Undar 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1MM 2□ F Days Yrs Director 012-07-9865 86 DEC. 18, 1909 BOSTON, MA Usual Rasidence of Decedant death with the Manyland 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits r is marked other than "natural", or items 23s or 28s-f ehow traumatic event, the Moulcal Examinan must be notified at 1 DYas 2 □ No Director MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 6121 MONTROSE RD. 20852 USA Funeral 12. Wea Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental Hygiene. Introcrant: If them 27 is merked other than "natural", or flen eny Injury or other traumatic awant Never Married 2 Married 1 □XYas 2 □ No If Yas, Giva Year or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: by Specify 3 Widowed 4 Divorced WHITE Completed Decedant's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) ACCOUNTANT RETAIL RUG CO. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be HARRY M. LIBBER CELIA RAYMAN 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Ststa, Zip Code) HENRY LIBBER 6111 MONTROSE RD., ROCKVILLE, MD 20852 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Ststa 1 Burial 2 Crametion 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) INDEPENDENT VILKOMIC 12/8 MELROSE, MA 22. Nema end Addrasa of Facility 21. Signeture of Funaral Sarvice Licensee EDWARD SAGEL FUNERAL DIRECTION DANIEL SIMONS 1091 ROCKVILLE PIKE, ROCKVILLE, MD 23a. Part1. Enter the disaasa, or complications thet causad tha daath. Do not anter the mode of dying, such as cardiac or raspiratory errest, shock, or haart failure. List only one causa on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediata Cause (Finel DEMENTIA MULTI-INFARCT EARS diseese or condition resulting in death) Examiner Examiner burial-transit Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Causa (Diseesa or Injury that initieted events rasulting in death) Last and Due to (or as a consequence of): physician a s the burial-P.O. Box 68760 Physician/Medical Dua to (or ea a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Ware autopsy findings available prior to Completed 24a. Wes an autopsy performed? completion of cause of death? 2 No certificate 1 ☐ Yea 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certific 25. Was case refarred to medical Be 26. Place of Death (Check only one) 1 Yss 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Inpatiant 2 ER/Outpetlent 3 DOA funeral 28a. Dete of Injury (Month, Day Year) 27. Mannar of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Neturs1 2 Accident 5 Pending 1 ☐ Yas 2 ☐ No Invastigation 8 Could not be determined 3 Sulcida 28a. Plece of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledga, death occurred at the time, dete and place, and dua to the cause(s) and mennar as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar stated. 29e. Certifian Medical 29b. Signeture and title of-certifier. 29c. Licenaa number 29d. Dete signed (Month, Day, Year) Httending Physician 10 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) MONTROSE RD ROCKVILLE, MD 20852 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Isha Davidson

DHMH 16 Rsv 6/95

Registrar

			Decedent's Name (Firs	ووا والماملة الم	State of I	Maryla			nent of F		nd M		Reg. No.	36		8
	Physic /Medi		William		onrad	Lim	mer					2. Dete of Do Month Decemb	er 4, 1	Year 996	3. Time of Di 7:55	
	Exami	ner	4a. Facility Name (If not in									cation of Deal		nty of Deeth		
L			Washington							Takoma				tgome		
	Funeral Director	Ĭ,	5. Social Security Number 220-01-384 Usual Residence of Dece	6	x 7 XM 2□ F	Age (In yrs 7	-		Under 1 Year onths Days	If Under 2 Hours	Min.	8. Date of Bi (Month, Di Sep. 3	th ay, Yea <i>r)</i> 0, 1921	9. Birthi Cour Mary	place (State or F ntry) land	oreign
	land land			County		10c. C	ity, Town	or Location	n					1	0d. inside City	Limits
	Mary 18th	to	Maryland Mo	ontgome	ery	Bu	rtons	svill	e						1 Yas 2	
	7 28s	Director	10e. Street and Number					10	Of. Zip Code				10g. Citizen o	f What Cour	ntry?	
	h with	a D	4400 Sandy	Spring	Road				20810				US	A		
21215-0020	d within 72 hours after death with the Maryland ilene. I then "natural", or items 23e or 28e-f show the Modical Examinet must be notified at	by Funeral	11. Marital Status  1 Never Married 2 3 Widowed 4 D	☑ Married	12. Was Deceder Armed Force 1 X Yes 2 fif Yes, Give Year or Dates	s? ] No WW			Decedent of H s, specify Cube res 22 No	lispenic Origi an, Mexican, Specify:	in? (Spe Puerto	ecify Yes or No Rican, etc.)	Spec	ace - Americ lack, White, cify: Wh		8
2-0	72 ho	ted	15. D	ecedent's Edu	ucation		16a. I	Decedent's	Usual Occup	ation	. 40.00 - 40.0		16b. Kind of	Business/In	dustry	
2	- 2	Completed	Elementary/Secondary		de completed) College (1-4o	r 5+)	- '	life. DO N	of work done	during most ( d)	of works	ng				
2	filed within Hygiene. other than	Co	12					Ма	anager				Mont.	Co. L	iquor B	oard
pu	thould be filed id Mental Hygi marked other matic event,	Be	17. Father's Name (First, i		-								, Meiden Sume	ame)		
Z	should be find Mental I	2	William Ar									t Cumb				
Maryland	2 0 0 3		19a. Informent's Name/Re										er, City or Tow			
	Healthar 2		Wayne Limme 20a. Method of Disposition		n	20h					Pike				nd 2077	7
סר	Pages nent of I		1 Burial 2 ☐ Cren	nation 3 🗆 F		8			(Name of y or other plac		I	Date	20c. Location			
Baltimore,	교육관승		4 Donation 5 0			St.	Mar	-						-	ig, Mary	/lan
Ba	Depa Impo any ir		21. Signature a Funeral S	Service Liberry	1/00	1	1	22. Nan	ne and Addre	ss of Facility Hamps	Hine	es-Kina e Aveni	ıldi Fu	neral	Home	
			1/our	Je )	HOLL	an	X	Sil	ver Sp	ring,	Mary	yland	20904			
à	Physician /Medical		Enter the dise shock, or heart failur Immediate Cause (Finel disease or condition		ne cause on each										Approximete Interval Betwee Onset and Dec	eth
	Examiner		resulting in death)		a. /			onsequence		7.7	<i>D1</i>	30/13(			3 107	1/2
	uted	Examiner			b. CONG			HEA.		AILUA	0 E			j		
Ć.	exec In an riel-tr	EX	Sequentially list conditions if any, leading to immedia cause. Enter Underlying	te	1-0											
68760,	icate be executed physician and s the buriel-transit	edicai	that initiated events	<b>*</b>	C. ATRIA			nsequence								
	West		resulting in death) Last			Due 10 (c	/	isaquaiio	o orj.							
Box	leeth certific ettending p	No.			i											
	the deeth certi y the ettending ached for use e	Physician/M	Pert ii. Othar significant c	onditions cor	ntributing to death	but not res	ulting in 1	the underly	vlna cause giv	en in Part I.		23b. Did	tobacco use c	ontribute to	the cause of d	death?
P.O.	by th	h's													pebly 4 ☐ Un	
	an the ded	by			CT INF						_					
of Vital Records,	lew requires that the de es been signed by the ( s 2 should be detached	Completed by	CHRONIC	OBST	RUCTIVE	E 4	UNG	DI	SEAS	E		24a. Was perfo	an autopsy emed?	av	ere autopsy find allable prior to apletion of caus deeth?	
œ .	0 - 0	E O										10	Yes 200 No	10	Yes 2 No	,
<u>ita</u>	ician: The certificate rector, pag	Be (	25. Was case referred to reaminer?	nedical						26. Place o	of Deeth	(Check only	one)			
2	Physician: this certific ral director,	2	1 ☐ Yes 2 No	1	lospital:	tient 2	ER/Outp	etient 3[	DOA Oth	er: 4 🗆 Nurs	ing Hon	ne 5 Resi	dence 6 🗆 O	thar (Specif	1)	
0	ng Ph ter th neral		27. Manner of Death 1 № Natural 5 □	Pending	28a. Date of In (Month, D		28b. Tir	ne of ury	28c. Injun	/ at k?	2	8d. Describe	how Injury occu	urred		
000	Attending I or death. ector: After by the funer	atic	2 Accident	Investigation		, ,	,	M		Yes 2 □ No	0					
<u> </u>	or At after of Direct in by	Certification:		Could not be determined	28e. Place of In building, 6	njury - At h etc. <i>(Specil</i>	ome, fem	n, street, fa	actory, office		2	8f. Location ( City or To	Street and Nun wn, State)	nber or Rura	l Route Number	r,
	To the Mospital within 24 hours To the Funeral completely filled	edicai	29a. Certifier (Check only one)	ertifying Phys edical Exami	nician: To the bes ner: On the basis and manners	of examine	wledge, tion and/	death occu or investiga	rred at the time tion, in my of	ne, date and pinion, death	plece, a occurre	nd due to the	cause(s) and n date and place	nanner es si , and due to	ated. the cause(s)	
	Vithin Fo th	Me	29b. Signature and title of						29c. License	number			29d. Date sign	ed (Month,	Day, Year)	
			Joseph	B. 7	nizgerd	m	. 0.		Do	842	5		12/1	4/96		
	1+1	+						vpe, Print)	JOSE	PH B	, ^	117 G	RD	M.D.		
1	711		30. Name and eddress of p					KOM	A PH	PK,	M	DZ	0912	,,,,,,,		
	Sta Registr		31. Date filed (Month, Day,		32. Regis	Irar's Signa	iture									

DHMH 16 Rav 6/95

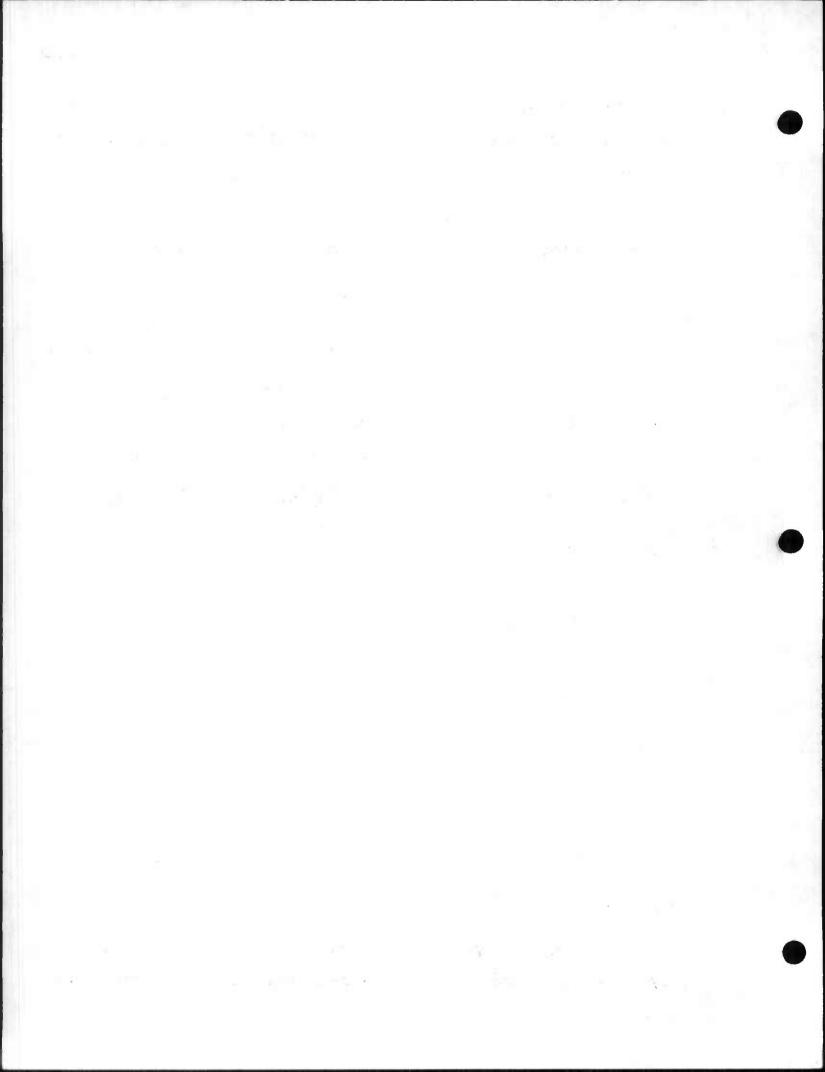
VI-VI			State of Maryl		partment of e <i>rtificate of</i>			giene 9 Reg. No.	6 391	119
Physicia /Medic			NDELL LA	W			2. Dete of De Month		Yeer	ne f deeth
Examin	er		NCH AVE.		M Linder 4 Ves	MARLOW	HEIGHTS	PRIN	CE GEOF	
Funeral Director		5. Social Security Number 6. S 577–66–9569 Usuei Residence of Decedent		yrs. lest birthda 15 Yrs.	y) If Under 1 Year Months Deys		n. (Month, De	th ey, Yeer) 5, 1950	9. Birthplece (Ste Country) DC	ete or Forei
Ba-f show	ector	MD 10b. County Prince		City, Town or I	Spring					de City Limi Yes 2□N
ath with the 1234 or 2	Funeral Director	7107 Buxhanan Ro	oad		10f. Zip Code 2	0748		10g. Chizen of V	Whet Country?  States	
filed within 72 hours efter death with the Maryland Hygiene. Hygiene. Iter than "naturel" or items 23s or 28s-f show int, the Heolical Examiner must be notified at	by	11. Maritel Status  1 □ Never Married 2 ☑ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes:	n U,S. 13	. Was Decedant of If Yes, specify Cul	ben, Mexican, Pue	(Specify Yes or No arto Rican, etc.)		a - American Indier ck, White, etc. Bla	
d within 72 hours jiene. r than "naturel", r Medical Ext	Completed	15. Decedent's E (Specify only highest gra Elamantery/Secondary (0-12)	ducation ide completed)  Collega (1-4or 5+)	16e. Dec (Giv life.	edent's Usuel Occu re kind of work done DO NOT use ratin Printe	90)	rorking		usiness/Industry	ment
e da be	To Be C	17. Fether's Name (First, Middle, Last, Zack Law					ema (First, Middle, e L. Fore		ie)	
permit reges into Shoud Department of Health and Mer important: If item 27 is marks any injury or other traumatic ance.		19e. Informent's Name/Reletionship (  Joan Law (Wife)  20e. Method of Disposition  1 1 2 □ Cremetion 3 □	20 Removel from State	7107 b. Plece of Disp cemetery, co	ling Addrass (Strae 7 Buchana: position (Neme of ametory or other pland and Nation	n Road,		ing, Md.		е
Departme important any injury once.		4 Donation 5 Other (Specification of Funerei Service Licar	1500		R. N. Ho.	ess of Fecility rton Co.	Morticia	ans, Inc		
hysician /Medical Examiner	_	23a. Pert1. Enter the disease, or com shock, or heert feilure. List only immediate Ceuse (Finel disease or condition resulting in daeth)	a	eath. Do not e	e In		ac or respiretory e		Approxi Interval	Imete Betwean and Deeth
physicia s the bur	edical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaesa or Injury that Initieted evants resulting in deeth) Lest	c	o (or es e conse						
ettending for use e	Physician/M		d							
d by th	by Physi	Pert II. Other algnificant conditions of	ontributing to death but not	resulting in the	underlying cause gi	ven in Pert I.	23b. Did 1	~	atributa to the cau 3 ☐ Probably 4	
s been s 2 should	Completed							en autopsy med?	24b. Ware autop aveilable pri completion of daath?	ior to
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ofter deeth.  Offector: After thin by the funeral	ertification: To	27. Manner of Death  1 Naturel  2 Accident  3 Suicide  4 Homicide	28e. Date of Injury (Month, Dey Year)	092 t home, farm, si	of 28c. Inju		Oriver	now Injury occurr		dast
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State Registrar

31. Dete filed (Month, Day, Year) DEC 0 9 1996

30. Name and access of person who completed cause of death (Itam 23e) (Type, Print)

The print of the print o 111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signeture Randelle



State of Maryland / Department of Health and Mental Hygiene 96 3988

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Shirley L. December 9, 1996 5:50 p.m. /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mariner Nursing Home Silver Spring Montgomery 8. Data of Birth (Month, Day, Year April 5, 1 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1 □ M 2 🗓 F 096-16-9588 77 Yrs 1919 Director Massachusetts Usual Residence of Dacedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show th end Mental Hygiene. 7 is marked other then "natural", or items 23s or 28s-1 show traumstic event, the Medical Experience must be notified at 1 Yas 200 No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10921 Inwood Avenue #120 20902 United States Funeral 12. Was Decadent Evar In U,S. Armed Forces? Was Dacadant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Biack, Whita, atc. Pages 1 and 2 should be filed within 72 hours after of or Ash and Mental Hygiene.
It flem 27 is marked other than "natural", or flee iny or other traumatic event, its Medical Engine. 1 Naver Marriad 2 ☐ Married 1 ☐ Yes 2 💢 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Cottaga (1-4or 5+) Food Service Hospital 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be Unavailable Flora Unavailable P 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kurt Allen Executor 606 Greenville Avenue, Staunton, Virginia 24401 20b. Piaca of Disposition (Name of cametary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removat from Stata 4 ☐ Donation 5 ☐ Other (Specify) Depertment of important: If any Injury or once. Chesapeake Crematory 12-11-96 Beltsville, Maryland 21. Signatura of Funeral Service Licensee 22. Name and Address of Facility Rapp Funeral Services, P.A. 23a. Part1. Enter tha disease, or complications that causad tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximate Intervat Between Onset and Death **Physiclan** Immediate Cause (Final disease or condition rasulting In daath) /Medical Right Middle Lobe Pneumonia 3 days Examiner Dua to (or as a consequanca of) Examiner physician and s the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of) use as Part tl. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Multi-infarct Dementia Completed by should be 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 certificete 1 Yes 2 No 1 Yas 2 No Division of Vital or Attending Physician: Be 25. Was case referred to medical 28. Ptace of Death (Check only one) Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yas 2X No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Aftar 1 X Naturai 5 Pending investigation To the Hospitan or within 24 hours after deeth.
To the Funeral Director: At completely filled in by the fur 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be datarmined 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) D35045 December 10, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Philip G. Henjum, M.D., 3416 Olandwood Ct. #200, Olney, MD 31. Date fited (Month, Day, Year) 32. Registrar's Signature State Julia Davidsor DEC 13 Registrar

Physician   Fernance   Lopez   2. Date of Death   Day   Year   December   10, 1996   8:01 PM					State of N	/larylan		partment of		nd Mental Hy	rgiene 9	6	39081		
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		Sta	te	31. Data tilad (Month, Day, Year)	32. Regist	trar's Signa	tura								

DHMH 16 Rav 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39082

					C	ertificate of	Death		Reg. No.		03002
			1. Decedent's Name (First, Middle, Le	st)	1			2. Date of De	eath		3. Time of Deeth
	Physic /Medi		DAVGLA	5 1-1.	7	ASHE	R	Month	Day	9 L	22:28/1
Ď.	Exami		4a. Facility Nama (If not Institution, giv	e street end number)		101,0	4b. City, Town, or Li	ocation of Deet	h 4c. County	of Death	2001.10
			Suburban Hospita	1			Bethesda		Montg	gomer	У
	Funeral Director		5. Social Security Number 6. S 547-50-2112  Usual Residence of Decedent	ex 7. Age (In	yrs. lest birthde 71 Yrs.	y) If Undar 1 Yaar Months Days		8. Date of Bir (Month, Di August			olace (Stete or Foreign htry) York
	and and		10a. State 10b. County	10	c. City, Town or	Location				1	Od. Inside City Limits
	Mary f sh	jo	Maryland Montgo	merv	Chevy	Chase					1 Yes 2 No
	the room	Director	10e. Straat and Number	mory	01101)	10f. Zip Code			10g. Citizen of V	What Coun	ntry?
	N with	O E	3601 Inverness I	)rive		20	0815		Unite	d Sta	ites
	death	Funeral	11. Marital Status	12. Was Decedent Ever	in U,S. 13	. Was Decedent of	Hispanic Origin? (Spoan, Maxican, Puerto	ecify Yas or No	o- 14. Rec	e - Americ	an Indien,
21215-0020	2 should be filed within 72 hours after death with the Maryland end Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show sumatic event, the Medical Examiner must be notified at	by	1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Datas:		1 Yes, specify Cub		Rican, etc.)	Specify	ck, White, Wh	etc. hite
5-0	n 72 hours "netural", edical Exp	Completed	15. Decadent's Ed (Specify only highest gre	ucation de completed)	16a. Dec (G/s	edent's Usual Occu re kind of work done	pation during most of work ed)	ing	16b. Kind of B	usiness/Inc	dustry
121	within ane. then	dm	Elementary/Secondary (0-12)	College (1-4or 5+) 5+			9d)		Private	D	inces
	be filed within tal Hygiene. Id other than event, the M		17. Father's Name (First, Middle, Last)		Nes	earcher	18. Mother's Name	o /First Middle			Thess
Maryland	should be filed withind Mental Hygiene. marked other than imatic event, the M	To Be	Frank Lashe				Gladys		, water Sumen	16)	
an	d 2 should th end Mer 7 ie marke traumatic		19a. Informent'e Name/Reletionship (1	ype, Print)	19b. Ma	iling Address (Stree	t end Number or Run	el Route Numb	er, City or Town,	State, Zip	Code)
	of Health		Virginia H. Lash				s Drive,		hase, Ma	aryla	nd 20815
altimore,	8 5 5 0		20a. Method of Disposition 1 ☐ Burial 2 【XCremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify				December I		20c. Location - Bethesd		
Salt	permit. Page Department of Important: If any Injury or once.		21. Signature of Funedal Service Licen								Chase, Inc.
	20 E a a		Michael W. 7	Scolers M						_	20814-3501
			23a. Part . Enter the disease, or comp shock, or heart failure. List only	olications at caused the	death. Do not e	nter the mode of dy	ing, such es cardlec	or respiratory a	rrest,		Approximate Interval Between
V.	Physician										Onsat and Deeth
4	/Medical Examiner		Immediate Cause (Final disease or condition	e. Mydr	4RD11	41 11	1 FARC	TIOA	0		ACUTE
п	LXUIIIII	l <sub>a</sub>	resulting in death)	Due	to (or as a cons	equence of):	ARDOVA		1		4
-	pg ti	oline		DARTERIO.	SCLET	ZOTRO (	ARDOVA	SCULA	RDISE	THE	INDEL
6	and al-trar	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or injury	Due	to (or as a cons	equenca of):					
68760,	icate be executed physician and s the bunal-transit		cause. Enter Underlying Ceuse (Diseasa or injury thet initiated events	C	<u> </u>					i	
887	licate phy:	Medical	resulting in death) Last	Dua	to (or es e conse	equence of):				i	
×	death certificate be executed e attending physician and of for use es the bunial-transit			d							
Bo	eath ce attendi	clai	5.49.60.4.40.4							1	
0	ch the	Physician	Part II. Other significant conditions co	ntributing to death but no	t resulting in the	underlying cause gr	ven in Pert I.				the cause of death?
7	\$ 8 B	by P						1	Yes 2 No	3 Prob	bably 4 Unknown
Records,	requires ween sign hould be	D D						24a. Was	an autopsy	24b. We	ere autopsy findings
00	> 10 00	lete						perfo	ormed?	cor	allable prior to mpietlon of causa death?
	0 - 6	Completed						10	Yes at No		Yes 2 No
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>		0	examiner?	Hospital: 1 ☐ Inpatient	2 🔀 ER/Outpatie	ent 3 DOA Ot	26. Place of Death		denca 6 □Oth	or /Cnacih	4)
o	는 문들	n:	27. Manner of Deeth	28e. Date of Injury (Month, Day Yea					how injury occur		7
o	offing th. After tune of fune	atio	2 Accident 5 Pending investigation	(Month, Day Yea	ir) Injury		rk? Yes 2 No				
Division	or Attending effer death. Director: Afte I in by the fune	HC	3 ☐ Sulcida 6 ☐ Could not be	28e. Placa of Injury -	At home, ferm, s	treet, factory, offica			Street end Numb	er or Rura	I Route Number,
Ö	s effer d Direction	Certification:	4 Homicide determined	building, etc. (Sp	ecify)			City or To	wn, Stata)		
	To the Hospital or Attending I within 24 hours effer death.  To the Funeral Director: After completely filled in by the funer	edical (	29a. Certifier (Check only one) 1 ☐ Certifying Phy	aiclan: To the best of my iner: On tha basis of exar and manner stated.	knowledge, dea nination and/or i	th occurred et the ti nvestigation, in my o	me, date end place, oppinion, death occurr	end due to the ed at tha tima,	cause(s) and ma date and place, a	inner as stand due to	ated. the cause(s)
	To the To the Comp	Me	29b. Signature and title of cartifier	00	0	29c. Licens	se number		29d. Data signed	d (Month, L	Dey, Year)
			Allece	All	400	Do	709	9	DEC	10	96
	12		30. Name and address of person who c	ompleted cause of death	Item 23a) (Type	Print) RD	RATION	DA.	Mx :	e f	MY
	Sta	te	31. Date filed (Month, Dey, Xeer)	32. Registrar's S			DEIMO	411	-100	0	
	Registr	ar	31. Date filed (Month, Dey, Yeer) DEC 1 2 1996	Allie Davi	dson-Rano	La 80 .					
			.300	U		7/10					

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Deta of Deeth 3. Time of Deeth **Physician** Month Day Vage 9, 4:00 AM ALMA LUSTINE DECEMBER 1996 /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 5802 NICHOLSON LANE #604 ROCKVILLE MONTGOMERY 5. Sociel Security Number If Under 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dev. Year) Birthpleca (Steta or Foreign Country) **Funeral** Deys Hours 1 ☐ M 2 💢 F Yrs. Director 90 578-52-5307 WASHINGTON, DC Usual Residence of Decedant the Maryland r 28a-f show 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director MARYLAND MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? na 23a or 2 5802 NICHOLSON LANE #604 20852 UNITED STATES death "netural", or items Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 12. Wes Dacadant Evar In U,S Armed Forcas? 14. Reca - American Indien, Bieck, White, atc. filed within 72 hours efter 1 ☐ Yes 2XXNo If Yes, Give Year or Detes: 1 Never Merriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify þ Specify: 3 ₩ Widowed 4 Divorced WHITE Pages 1 and 2 should be filed within 72 ho nent of Health end Mental Hygiene. ant: If Item 27 is marked other than "netur ury or other traumetic event, the Medical. 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etemantary/Secondery (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be GREENBURG ISAAC DORA SHIPIRO 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2: Department of Health et Important: If item 27 is any injury or other trau once. BURT LUSTINE (SON) 9729 CORRAL DRIVE POTOMAC, MARYLAND 20854 20b. Plece of Disposition (Neme of cemetery, cremetory or othar place) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) WASH. HEBREW CONG. MEM. 12/10/96 WASHINGTON, D.C. 21. Signature 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 23a. Part I when the disasse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock or heart feilure. List only one cause on each line, Approximete Intarval Batwe Onset end Death **Physician** /Medical Immediata Ceusa (Finel DYSPAGIS disaesa or condition resulting in daeth) 1 Year Examiner Due to (or as e consaquanca of): Examiner ALZHEIMER DEMENTIA 6 YEARS Sequentielly list conditions, if any, leading to immadiate cause. Enter Undarlying Ceuse (Disaase or Injury that initieted evants rasulting in deeth) Lest -tren and Due to (or es e consequenca of): certificate be exec bunel P.O. Box 68760. ettending physician Physician/Medical the Due to (or es e consequence of) USB as for ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? yd bengis 1 Yes 2♥ No. 3 Probably 4 Unknown HYPERTENSION, OSTEOPOROSIS, OSTEOARTHRITIS, þ 90 24b. Were autopsy findings aveiteble prior to Completed 24e. Wes en eutopsy performed? peen AORTIC STENOSIS, CARDOVASCULAR DISEASE completion of causa of dasth? has 1 Yes 2 No 1 Yes 2 No certificate Division of Vital Be 25. Was case referred to medical 26. Piece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA this 28e. Deta of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: Affer 5 Panding Investigation Naturel 2 Accident deeth. 1 ☐ Yes 2 ☐ No of or Attand sefter deeth Director: / 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stata) filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral D 29e. Certifie 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the Medical (Check only one) Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the causa(s) and menner stated. 29b. Signeture and title of cartifier 29c. Licanse number 29d, Data signed (Month, Dev. Year) D 35579 12/9/96 30. Name end eddress of person who completed causa of deeth (Item 23e) (Type, Print)

SUSAN J. MILLER, MD, 5530 WISCONSIN AVENUE SUITE 915 CHEVY CHASE, MD 20815

32 Registrar's Signeture

State Registrar

31. Dete filed (Month, Dey, Year)

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene Q C

					Certifica	ate of	Death		Reg. No.	0 3900
Physic	ian	1. Decedent'a Nama (First, Middla, La	st)					2. Data of D Month	eath Day	Yeer (2)
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Mer	tor	MD. MONTGOM	ERY	5	SILVER	SPRIN	G			1 🛣 Yas 2 🗆
th th	Director	10e. Street and Number				Zip Coda			10g. Citizan of W	/hat Country?
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_ p 2 2	by Funeral	11. Meritel Stetus  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forcas?  1 Types 2 No If Yes, Giva		If Yes, s	cedent of H pecify Cube	lispanic Origin? (5 an, Mexican, Puer Specify:	Specify Yas or N rto Rican, etc.)		e - American Indian, k, White, etc.
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e, Marith and 2 Health a m 27 is		SUSAN MASTELLO	NE/DAUGHTER		1210	CLEME	NT PL.,	SILVER	SPRING. N	D. 20910
Saltimore emit. Pages 1 s Pepartment of He moortant: If item ny Injury or othe		20a. Mathod of Disposition		b. Piace o	f Disposition (f	Vama of		Data		City or Town, Stata
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Baltim permit. Pag Department Important: b any Injury o		21. Signatura of Funarai Sarvice Lical					sa of Facility			
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aw requires been s	Completed by							24a. Wa	s an autopsy formed?	24b. Wara autopsy findin available prior to completion of cause of deeth?
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VISION Attending or deeth. ector: After by the fune	atic	2 Accidant invastigation		<u> </u>	М		Yas 2□No			
D Page	Certification:	3 Suicida 6 Could not be datarminad	28a. Plece of Injury - A building, atc. (Spi	t homa, fa ac <i>ify)</i>	rm, straet, fect	ory, office		28f. Location City or To	(Street and Number own, Stata)	er or Rural Routa Number,
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To the I within 2 To the Complete	Med	one)	and mannar stated.							
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911		30. Name and eddrass of person who	complated causa of death (	tem 23a)	(Type, Print)	0		4	0 1	100 200
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1. Decedent's Name (First, Middle, Last)

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Certificate of Death

AM ITEMS: 23 PART I, II, 27, PER State of Maryland / Department of Health and Mental Hygiene

2. Data of Death

Month

39085

3. Time of Death

MARYLAND

/Med		JAMES			IARSHAL	L					DEC.	17,199	6	0.8	300 A
Exami		4a. Facility Name (If t	not institution,	give street and nu	um <i>ber)</i>				4b. City, To	own, or l	ocation of De		nty of Death		
		114 PAR	K DR.						BOO	NSBC	RO	WAS	HING'	TON	
Funeral	Г	5. Social Security Nu	mber 6	S. Sex	7. Age (In yrs. I	ast birthday)	If Unda Months		If Undar	24 Hrs. Min.					ata or Foreign
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- Bar	Director	MARYLAND		NGTON					ONSBO	RO					Tes ZUNO
8		10e. Street and Numb	oer				10f. Zip	Code				10g. Citizan o	of What Cou	ntry?	
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ltom Ogr.	Funerai	11. Marital Status	=	Armed F	cedent Ever in U,S orces?	5. 13.	Was Dece	dent of H cify Cuba	lispanic Or an, Mexica	igin? (Sp n, Puerto	pecify Yes or I o Rican, etc.)	No- 14. A	ece - Ameri iack, White,		in,
natural', or ite	by F	1 ☑ Nevar Married 3 ☐ Widowed 4		If Yes, Gi	2 ⅓ No ive		1□Yes						Specify:		
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- 3	lete	(Specify	only highest	grade completed)	)	(Give	kind of wo	rk done o	ation du <i>r</i> in <i>g m</i> os	t of wor	king	16b. Kind of	Business/Ir	ndustry	
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marked c	ToB	LUTHER AF	ARTHUR MARSHALL												
1 and 2 is Health ar Hear trau	-					19b. Mallir	ng Address	(Street					m. State. Ziu	o Code)	
		17. Father's Name (First, Middle, Last)  18. Mother's Name (First,													
		20a. Method of Dispos	sition		20b. Pl	ace of Dispo	sition (Nar	ne of		JOING	Data			21713 ity or Town, State	
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£ 2 2				^	GRE	ENLAWN					21/96	WILLIA	MSPOR.	I' M	ARYLAM
Depa impo any ir		Pan Basi Fineral Home										6 Old National Pike nsboro, Maryland 2171			
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nysician		shock, or heart f	failure. List on	complications that caused the daath. Do not entar the mode of dying, such as cardia only one cause on each line.						oaroido	or respiratory	arrest,		interve Onsat	imate Between and Death
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attending p	No.			d											
ed fo	Physician/Medical	Part II. Other significa	ent conditions	contributing to de	eath but not rasul	ting in the ur	nderlying c	ause dive	an in Part I		23b. Di	d tobecco usa d	ontribute to	o the car	se of death?
tach th	hy											Yes 2□ No			
igned by the atte be detached for	by	CIRRHOSIS;	CHRUNIC	ALCUNUL A	מטעני									,	
been si should I											24a. Wa	as an autopsy formed?	24b. W	ere eutop	osy findings rior to
60 VI	Completed										per	TOTTIOU!	1 00	mpletion death?	of causa
page page	ПО										135	Yes 2 No	10	Kyes	2□ No
3	O												1	1.00	

To the Hospital or Attending Physician: The law requivitin 24 hours after death.

To the Funeral Director: Attanthis certificate has been completely filled in by the funeral director, page 2 shou Division of Vital Recor

Be

Medical Certification: To

29h Si

25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 X Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 4 ☐ Nursing Home 5 🕅 Residence 6 ☐ Other (Specify) 3 DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 1 Natural Pending investigation 1 Yes 2 No 2 Accident 3 Suicida 6 Could not be determined Piace of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

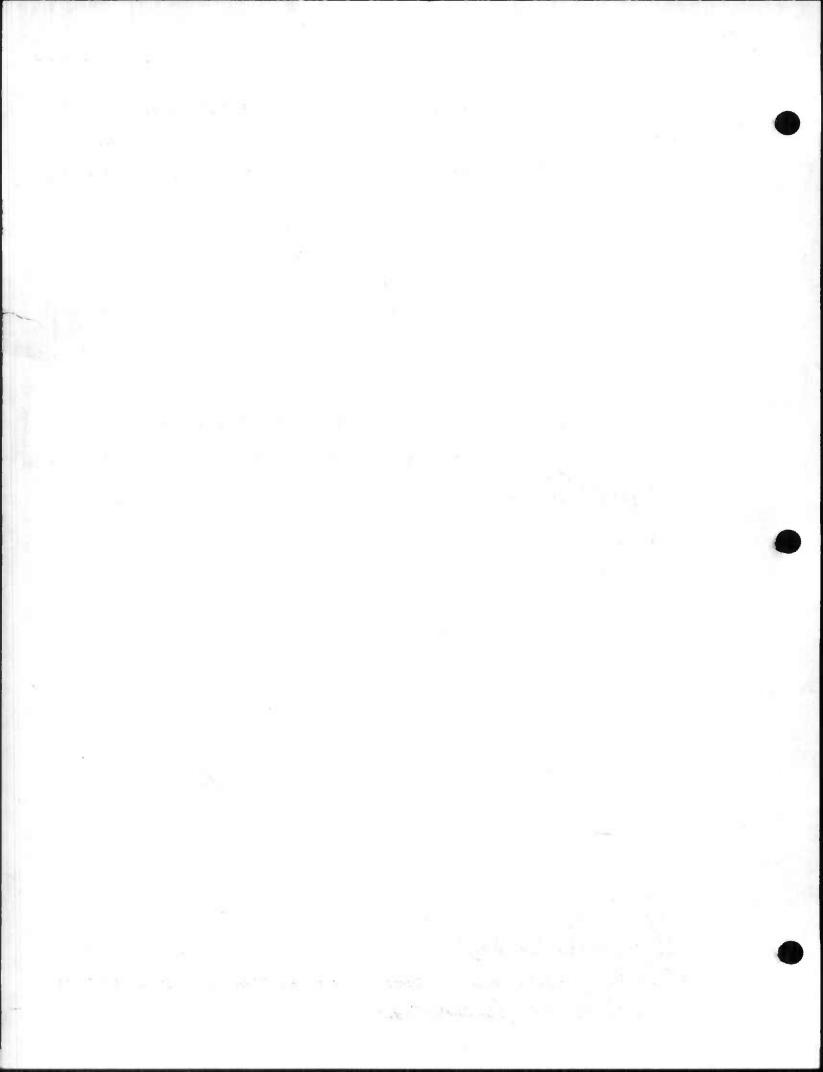
OCME DEC.18,1996

completed cause of death (Item 23a) (Type, Print) en

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year)
DEC 1





				State of Marylan	nd / Departmo <i>Certific</i>	ent of F ate of	lealth and l Death	Mental Hy	rgiene 9	6 39086			
¢	Physici /Medi Examir	cal	Decedent's Nama (First, Middla, Las      V     Aa, Facility Nama (If not institution, give	1	Mehle	er	4b. City, Town, or	2. Date of Do Month Dec.	Day	3. Time of Death 996 8:00 PM			
	Funeral Director		5. Social Security Number 6. Se	20x   7. Age (In yrs. 79	last birthdey) If Un Yrs. Mont	nder 1 Yaer hs Days	If Undar 24 Hrs. Hours Min.	8. Data of Bi (Month, Di Jan. 1	Princ Princ 2 1917	9. Birthpiaca (State or Toreign Country) Massachusetts			
	Maryland -f show	tor	10a. Stata 10b. County 10c. City, Town or Location 10d. Ins										
	r 28e	Director	10e. Street and Number			10g. Citizan of V	What Country?						
	In wit		8331 Carrollton P	arkway		2078	34		United	States			
020	De lied within 72 hours after death with the Maryland Hygiene, d other than "hatural", or items 23s or 28s-f show event, the Maritral Examiner must be notified at	by Funeral	11. Meritel Stetus  1 □ Nevar Merried	12. Wes Decedant Evar in U Armed Forces? 1 ☐ Yas ②CNO if Yes, Giva Yeer or Dates:	If Yas, specify Cuban, Maxican, Puarto			pecify Yes or No o Rican, atc.)	Specify	e - Amarican Indian, ck, Whita, atc. v: White			
21215-0020	inin 72 ho e. en netur	Completed	15. Decedant's Ed (Specify only highast grad Elementary/Secondary (0-12)	ucation de completed) Collega (1-4or 5+)	16a. Decedani's U (Giva kind of lifa. DO NO	Isual Occup work dona T usa retired	ation during most of wor d)	king	16b. Kind of B	usinass/Industry			
CA	ygien yerth		12		Homer	naker				Home			
Maryland	z should be filed within and Mental Hygiene. Is marked other than aumatic event, the Ma	Be	17. Fether's Neme (First, Middla, Last)		Meiden Sumeme}								
7	should and Men america umatic	2	John Dwyer  Elizabeth Merry  19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code)										
			William F. Mehler					ay New Carrollton Md. 20784					
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr once.		20a. Mathod of Disposition  Data  20c. Location - City or Town, Stata  cematary, crematory or other place)  Gate of Heaven Cemetery 12/14/96 Silver Spring Md.  21. Signature of Funaral Service Licenses  Robert E. Evans Funeral Home, P.A.  16000 Annapolis Rd. Bowie Md. 20715										
Balti	permit. Pages Department of I- important: If ite any injury or ot												
o.			23a. Parl 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.										
$\mathcal{F}_{i}$	Physician /Medicai Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)		or as a consequence			neot	_	Onset and Death			
	ansit	Examiner	appiration Preumonic 7.										
,	cate be executed ohysician and the burial-transit		Sequantially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disaasa or injury that initiated events	- Cad	mnced	De	nantie			455			
x 68760,	death cermicate be executed estending physician and ed for use as the burlai-transit	/Medical	that initiated events resulting in death) Last	Dua to (o	r as e consequanca	of):							
Вох	atten	clar	Deat II Other death and distance	- Allerdand Area Area Constitution	to death but not resulting in the underlying cause given in Pert I.								
7. O	ch the	by Physician/M	Part II. Other significant conditions co	ntributing to death but not ras	uiting in the underlyin	ig cause giv	an in Peri I.		23b. Did tobacco use contribute to the cause of dea 1 Yes 2 No 3 Probably 4 Unknown				
Records,	has been signed by 2 should be dele	Completed b						24a. Was	en eutopsy ormed?	24b. Wara autopsy findings available prior to complation of causa of death?			
ă j	D - C	Com						10	Yes 2000	1 Tas 200 No			
Vital	s certificate director, pag	Be	25. Was casa rafarred to medical examinar?	Unanitali		100	28. Placa of Dea	ath (Check only	ona)				
ō	After this Luneral di	tlon: To	27. Manner of Death  1. Heatural 5 Pending 2 Accident invastigation	Hospital: 1 ☐ Inpatiant 2 ☐  28a. Data of Injury (Month, Day Year)	28b. Time of Injury	,			lasidance 6 Other (Specify)				
		Certification:	3 Suicide 6 Could not be determined						(Street and Numb wn, Stata)	per or Rural Routa Number,			
2	within 24 hours after	edicai	29a. Certifiar (Check only one)	valcian: To the best of my kno- iner: On the basis of examine- and manner stated.	wledga, daath occurr tion end/or invastigat	red at tha tin tion, in my o	ne, date and place plnion, daath occu	, and due to tha rred at tha tima	cause(s) and ma data and place,	annar as stated. and dua to the cause(s)			
	ro the	X	29b. Signature end titla of certifier			29c. Licans				d (Month, Day, Year)			
	7)		Str	-MO		D	37934		12/1	2/96			
1	3/		30. Nama and addrass of person who c	Tr. foxliopD	7500 (	reena	sed Cont	e 2	Green be	2/96			
	Sta Registr		31. Date fliad (Month, Day, Year)  DFC 13 (S)	32 Registrar's Signa	ature Reveals								

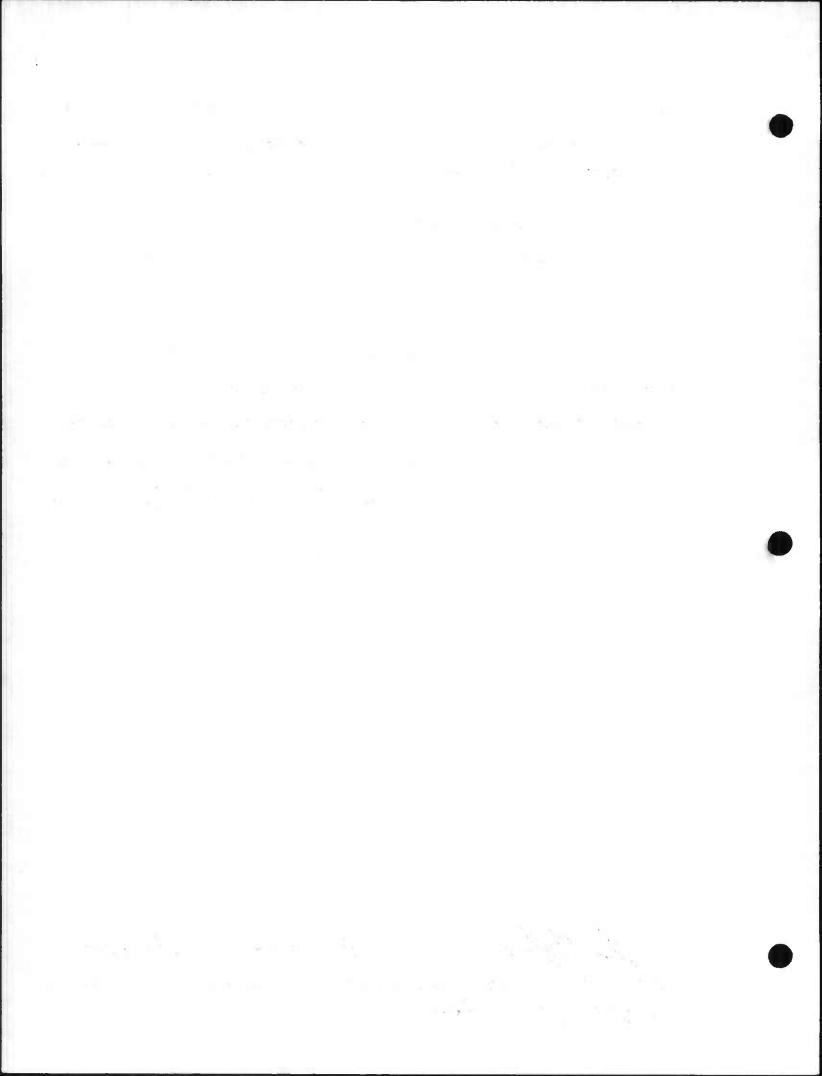
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State of Maryland / Department of Health and Mental Hygiene 96

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						Cei	rtificate	of	Death			Reg. No.		55001		
П	K LINE		1. Decedant's Neme (First, Middle	, Last)							2. Data of Dat	ath	W120	3. Time of Death		
	Physic /Medi		Unristine bevins Messer								Novemb	er 21,	1996	9:22 pm		
١.	Exami		4. 5 40 44 44 44 45 46 4 4 4 4 4						4b. City, To	wn, or L	ocation of Death					
1	X Y		7882 Lakecrest 5. Sociel Security Number		ga (In yrs. las	t hirthday)	if Under 1	1 Yaar	Green		9 Dais of Rid	Princ	O Distri	orge's		
	Funeral Director		236-36-4593 Usuel Residence of Decedant	1□M 2ĬF	69	Yrs.	Monihs	Deys		Min.	8. Daia of Birt (Month, Da) May 4,	1927	West	piaca (Stata or Foreign htry) Virginia		
d 21215-0020	be filed within 72 hours after death with the Maryland lat Hyglene.  d other than "natural", or flams 23a or 28a-f show event, the Medical Examiner must be notified at	Completed by Funeral Director	10e. Street and Number  7882 Lakecrest  11. Maritel Sietus  1 Never Merried 2 Marrie 3 Widowed 4 ØDivorced	Prince George's Greet and Number  82 Lakecrest Drive  12. Was Decedant Evar in U Armed Forces?  1   Yes 2   No If Yas, Giva Yaar or Dates:  15. Decedant's Education (Specify only highast grade completed)  antary/Secondary (0-12) Collega (1-4or 5+)			enbelt    10f. Zip Code   20770				U.S.  Specify Yas or Norto Rican, etc.)  14.  Str.  briking		i. Rece - American Indian, Black, Whita, atc. Specify: White d of Businass/Industry L Estate			
an	D = D =	o Be	Charley Bevins													
Maryland	d 2 should b th end Menta 7 is merked traumatic e	To								tie Staten  mber or Rural Route Number, City or Town, State, Zip Code)						
Ma	in equal to the second		R. Stephen Mes									ryland 20770				
	s 1 and 2 f Health item 27 i		20a. Method of Disposition	ser - 3011	20b. Pled	e of Dispo	sition (Name	a of		VE,	Data	20c. Location				
altimore,	permit. Pages 1 and Depertment of Healt Important: if Itam 27 any Injury or other 1 once.		1 ☐ Buriel 2 ☐ Crametion 4 ☐ Donation 5 ☐ Other (Sc		cem	etary, cren	natory or oth	her ple		11,				n, Maryland		
<u>a</u>	Depents Depents Imports any Inj		21. Signatura of Funarel Sarvice I	icensee		22	. Name end	Addr	ass of Fecili	ty	T	1 **	-			
m	89 E 2 8		Claud	ette S.S	Daso						ns Fune					
Box 68760,	Physician percentificate be executed attending physician and physician and physician are as the burief-transit	n/Medical Examiner	23a. Part1. Enter the disease, or shock, or heart failure. List of the shock, or heart failure. List of the shock of the s		Due to (or as	CGV s a conseq s e conseq	juence of):							Interval Between Onset end Death		
m	es that the death cer igned by the attendin be detached for use	Physician/	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa givan in Part f.								23b. Did tobacco use contribute to the cause of death?					
P.O.	the by the	hys						_		•	iDe	€ee 2□No	3 □ Prol			
S,	one de	by									7					
of Vital Records,	been s should	Completed	Chronic	065Mucli	we /	Pelmo	ngvy	-	Dises	e		an autopsy med?	ave	ara autopsy findings allable prior to mpiation of cause death?		
ď	0 - 0	E O									101	as 2 No	10	Yas 2□ No		
ā	iclan: The certificate rector, pag	Be C	25. Was case refarred to medical						26. Place	of Daat	th (Check only o	ne)				
>	0 0	To	axaminar? 1 □ Yes 2 No	Hospital: 1 Inpail	ant 2 ER	/Outpatien	t 3 DO/	Ot	har: 4 Nu	ursing Ho	ome 5 Rasid	lance 8 DOt	her (Specifi	1)		
	Attending Ph r death. ector: After th by the funeral		27. Mannar of Death  1 Natural 5 Panding 2 Accident investig		ury ay Year) 28	b. Time of injury	28 M	ic. Inju Wo	ıryat ork? ]Yes 2□	No	28d. Dascribe h	now Injury occu	rred			
Division	or Atteated after des	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Hornicida datarmi	ned 288. Place of In	jury - Ai home tc. (Specify)	, farm, sire	eet, factory,	office			28f. Location (S City or Tow		ber or Rura	l Routa Number,		
	To the Hospital or Attending Phr Within E4 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifiar (Check only one) 1 Certifying 2 Medical E	Phyeician: To the best xaminer: On the basis o end mannar st	of examination	dga, daath and/or inv	occurred at	t tha ti in <i>m</i> y	lma, data an opinion, dea	d place, th occur	and dua to tha cred at the time, c	cause(s) and m data and place	annar as st	ated. the cause(s)		
	To the	×	29b. Signature appropriate certifies	11			29c.	Licen	se number			29d. Daie sign	ed (Month,	Day, Year)		
	/1		D / 1/2 9	glis			0	2	25436			11/25/96				
	0		30. Neme and pridrass of pegson v	no complated causa of c	death (Itam 23	Ba) (Type. I	Print)						1			
			_ John Margolis,	M.D. 1433	3 Laur	el Bo		oac	#307	, La	urel, M	aryland	2070	8-1990		
	Sta Registr		31. Data filed (Month, Day, Year) NUV 2 5 1996	July diverger	race Signatur	B.										



State of Maryland / Department of Health and Mental Hygiene 96 39088

						Cei	rtificat	e of	Death		F	Reg. No.		, , ,	
П	EUN EN		1. Decedent'a Neme (First, Middle, La	ist)						2	. Dete of Dee	ith		3. Tir	n= f5==th
а	Physic		Leola Virginia	Miller						De	Month ecember	r 15, 1	L996		
	/Medi Examii		4a. Facility Neme (If not Institution, give						4b. City, To		tion of Deeth		ty of Death		
1			16505 Virginia A	lvenue				1	Willia	amspoi	ct	Wash	ningto	on	
ī	Funeral	П	5. Sociel Security Number 6. S	Sex 7. Aga	(In yrs. last l	birthday)	If Under	1 Yaer	If Undar	24 Hrs. 8	Dete of Birth	1	_		tata or Foreign
8	Director		213-18-8649	1□ M 2DXF 84		Yrs.	Months	Deya	Houra	Min.	(Month, Day	1912	Mary		
	b		Usuel Rasidence of Decedent												
	how		10e. Steta 10b. County		10c. City, To	wn or Lo	cation							10d. Insi	de City Limits
	a-fa	cto	Maryland Washin	gton	Willi	iamsį	port							1 🗆	Yes 2 No
	th th	Director	10e. Street end Number		_		10f. Zip	Code				l 0g. Citizen o	f What Cou	intry?	
	h wil	aic	16505 Virginia A	Avenue			1 2	2179	5			USA			
	d within 72 hours efter death with the Marylend jiene. r then "natural", or Itama 23a or 28a-f show the Madical Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. \	Was Dacad	dent of I-	lispanic Orl	igin? (Speci	fy Yea or No- can, atc.)	14. R	ace - Ameri		ın,
0	or its	3	1 Never Merried 2 Married	1 ☐ Yes 2 ☑ No	0					i, rueito ni	cari, aic.)		ack, White,	, atc.	
0	ours Far	by	3 □ Widowed 4 □ Divorced	If Yes, Give Yaar or Detes:			1 □ Yes	2 100	Specify:			Spec		nite	
21215-0020	72 h	Completed	15. Decedent's E (Specify only highast gra		16	Se. Decec	dent's Usue	ei Occup	etion	t of working		16b. Kind of			100000
21	iene. Than	ğ	Eiementary/Secondary (0-12)	Coilege (1-4or 54	<b>⊦</b> )	life. L	DO NOT us	se retire	during mos	t or working					
7	Hygier Hygier ther th	ပ္ပ	12		homer		nemaker						home		
Pu	tal Hygie d other svent, ti	Be	17. Father's Name (First, Middle, Last							eme (First, Middle, Melden Sumama)					
yla	should be and Mental I in marked of umatic sve	2	Frank Jacob	Ebersole					Eva	Ger	trude	Snyde	er		
Maryland	0 = = =		19e. Informent's Neme/Reletionship (	Type, Print)	19	9b. Meilir	ng Address	(Street	en <i>d Nu</i> m <i>b</i> e	er or Rural I	Route Numbe	r, City or Tow	n, Stete, Zij	p Code)	
	of Health Itam 27 I		Judith A. Hill		2	b. Plece of Disposition (Name of cametery, cremetary or other place)			rkway	Ha	gersto	own, Maryland 217			1742
Baltimore,	it of H if Itan or oth		20a. Method of Disposition 1 DXBuriel 2 □ Cramation 3 □	Domewal from State	20b. Plece came					Dete 20c. Location - City or To			own, Ste	te	
	Peges nent of I ant: If Its ary or of		4 Donetion 5 Other (Specif		Hemovel from State			mete	ery	12	12/19/96 Hagerstown			, Ma	ryland
alt	permit. Peges Department of Important: If i any Injury or once.	21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility													
m	88 = 88		Gerald D.	Minne	oh	G	erald	N	Minni	.ch	305 N.	Potom	ac St	reet	
			23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that caused t	the deeth. De	o not ent	unera er the mod	L HC le of dyir	ome ng, auch es	cerdiec or i	Hagers raspiretory an	town,_	Mary	Approx	21740
Ŋ.	Physician		shock, or heart feilure. List only	one ceuse on each line	9.				× .					Interva Onset	i Between and Deeth
	/Medical		Immediate Cause (Final	Myocar	dial -	Infai	rctio	n					į	sud	10
В	Examiner		disaese or condition resulting in deeth)	θ	Due to (or es	1 600	13-11							200	Sen
	يمتعد	Jer			200 10 (01 03 1	0 0011304	querice ory.						1		
	eath certificate be asscuted ettending physician and for use as the burlal-trensit	Examiner	Sequentially list conditions	Due to (or as a	a conseo	uence of:						- !			
o,	an ar	M X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying												
68760,	ysici	edical	thet initiated events	c	ue to (or es a	conseq	uenca of):								
	tifica ng ph es th	Med	resulting in deeth) Last		•		,				1				
ŏ	h cer endir	M/us	d										<u> </u>		
w.	0 0	Physician	Part II. Other significant conditions of	ontributing to death but	not resulting	in the ur	nderivina c	euse div	en in Part I		23b. Did tobacco use contribute to the cause of				
0	t the by th	hy									1 Vee 2⊠ No 3 Probably				
S, D	es that igned b	by P										202110	00110	Luciy	- Citationii
ğ	requires sen sign hould be	8									24a. Was a		24b. W	/ere auto	psy findings
Record	w require been si should	Completed									perfor	med?	CC	vallable pompletion f deeth?	n of cause
R	The law rate has b page 2 s	шс									.0	an office			00 41-
	ician: Th certificate rector, pay		25. Wes cese referred to medical						00 01	10	1 O Y		1	☐ Yas	2 LI NO
Viita		o Be	examiner?	Hospitel:				Oth			Check only or				
ō	를 급 급	-	27. Menner of Death	1 Inpatien		. Time of		///	4 🗆 140			ence 6 00 ow injury occi		ry)	
Division	ding h. After fune	tlor	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	Year)	Injury	м	8c. injur Wor	k? Yea 2 □ I						
S	or Attending after deeth. Director: After I in by the fune	Certification:	3 Suicida 8 Could not b	9 One Place of talling	v - At home.	farm, stre	eet, fectory	, office		28	f. Location (S	treet end Nun	nber or Rur	ral Routa	Number.
$\frac{2}{0}$	after Direct	ert	4 Homicide	building, efc.			,,	,			28f. Location (Street and Number or Rural Routa Number, City or Town, State)				
	Hospita 24 hours Funeral stely filled		29e. Cartifier 1☐ Certifying Ph	ysician: To the best of	my knowledd	ne deeth	occurred	at the tin	ne date an	d place, and	d due to the o	auca/e) and n	nonnar ac i	etatod	
	To the Hospital or Attending within 24 hours after deeth.  To the Funeral Director: After completely filled in by the fune	edicai		ninar: On the basis of e	exeminetion e	nd/or inv	estigetion,	in my o	pinion, deel	th occurred	et the tima, d	leta end piece	, and due t	o the cau	ise(s)
	To the within 2 To the comple	Me	29b. Signatura and title of certifiar	4 0			290	. Licens	a number		2	29d. Data sion	ed (Month.	Day, Ye	ar)
	⊢ ≱ F ŏ		6-180	dead				D11266				29d. Data signed (Month, Dey, Year) 12/18/96			
			C NC	Cocar								12/10	7 70		
			30. Neme and address of person who									•			
		4	Howard N. Weeks,	M.D. 580	North	nern	Ave.	Над	ersto	wn, M	D 2174	2			
	Sta	te	31. Dete filed (Month Day, Year)	100	's Signeture	Carlo 1	1/								

State of Maryland / Department of Health and Mental Hygiene 96

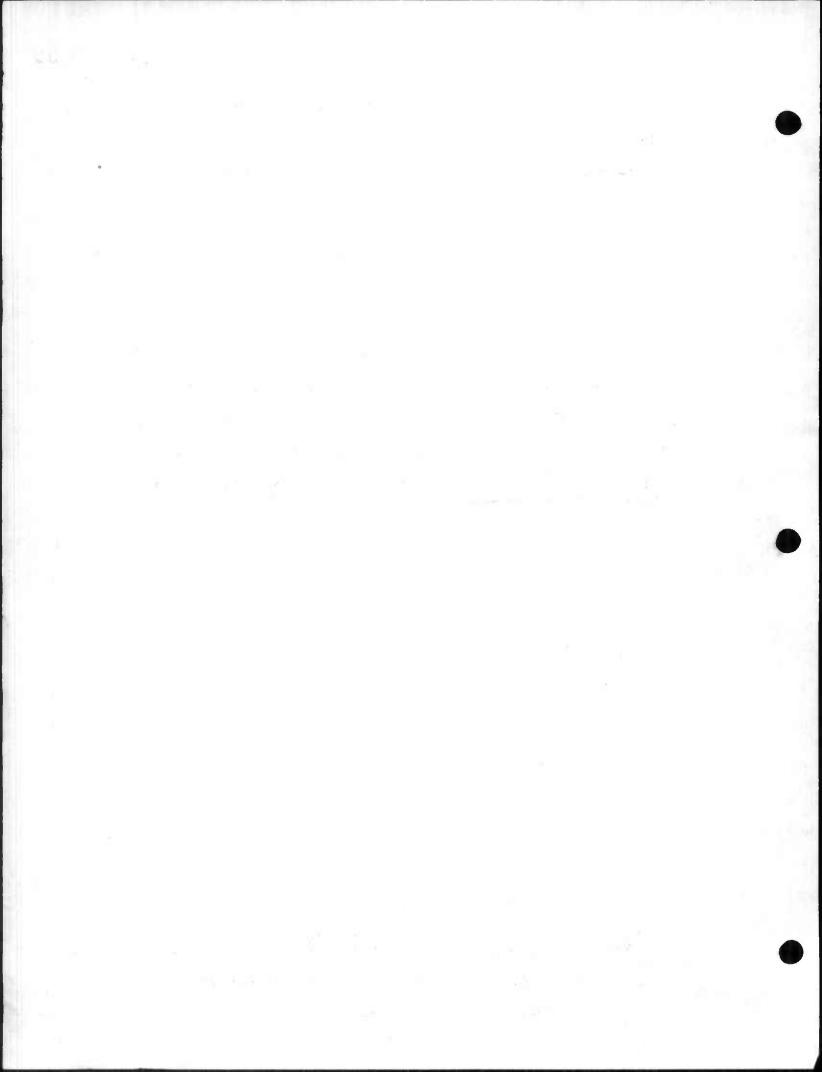
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_						C	ertificate	ot i	Death		Reg. No.			
Physician /Medical										2. Date of I Month DEC	Dey	3. Time of Death  11:25PM		
	/Med Exami		4a. Facility Name (If not institution	on, give street and	number)			4	b. City, Town, o	or Location of De		. 996 nty of Deat		
7	Exami	liei	Memorial			Easton								
Н			5. Sociei Security Number	6. Sex		e (In yrs. last birthda	/) If Under 1 Y	/ear	Easto			albo		
	Funeral Director		218-24-5475	1□M 2√		Yrs.		ays	Hours M	in. (Month, i	Day, Year)	9. Birti	ppiace (Stata or Foraign	
	Director		Usual Residence of Decedent		//					rep.	23,191	9	Md.	
	tand tand		10e. Stete 10b. Count	у		10c. City, Town or	ocetion						10d. inside City Limits	
	dah ata	0	Md. Tal	lbot		Cordova			0.134				1 XYes 2 □ No	
	the 28a	9	10e. Street and Number			332337	10f, Zip Co	de			10g. Citizen	of Mhat Co	Partner	
	N S	ō		also Ton					-				untry	
	s 23	era		oks Lane		5	216				U.S			
	er de	Funeral Director	11. Marital Status	Armed	Forces?	Ever in U,S. 13	if Yes, specify	Cuba	in, Mexican, Pu	(Specify Yes or learn etc.)	No- 14. I	sace - Ame Black, White	ncen Indian, e, etc.	
21215-0020	be filed within 72 hours efter death with the Maryland tal Hygiene retursf, or Hams 23a or 28a-f show avant, the Madical Examiner must be notified at	by			Give or Dates:	No	1□ Yas 2□	1 ☐ Yas 2 ☐ No Specify:			Specify:		Black	
5-0	natur	Completed	15. Dacede (Specify only high	nt's Education	ed)	16a. Dec	edent's Usual O	ccupi	ation	warking.	16b. Kind o	Business/l	Business/Industry	
21	thin thin	pje	Elamantary/Secondary (0-12)		e (1-4or 5	+) lifa.	16a. Decedent's Usual Occupation (Giva kind of work done during most of life. DO NOT usa retired)  Laborer		)	roiking				
2	d withir giene.	0	06			I					Poul	MES LONG		
nd	should be filed withing Mental Hygiene. marked other than imatic avant, the Mental Men	Be	17. Father's Name (First, Middla	, Last)					18. Mother's N	lame (First, Midd	la, Maidan Sun	ama)		
la	uld b Went rkad ric a	To	John Henry	Mundy	У				Aedel	la Po	tter			
Maryland	2 should be filed with and Mental Hygiene. Is marked other than sumatic avant, the M		19a. tnformant's Name/Ralation	ship (Type, Print)		19b. Ma	ling Addrass (St	treet	and Number or	Rural Routa Num	ber, City or To	vn, Stata, Z	ip Code)	
	1 end 2 Health a em 27 ie		Pearl Taylor	/ Neic	е	2995	7 Broo	oks	Lane	Cordo	va.Md.	2162	5	
re	- 7 5 5		20a. Method of Disposition			20b. Place of Disp cematary, cr	position (Nama o	of r place	al	Date	20c. Locatio			
E	Peges nent of I nt: If ite		1 St Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (		om State	Newtown					Cord	ova .l	ЬM	
Baltimore,	permit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service				22. Name and A		-	<u>i</u>	COLG	ovayı	10.	
B	permit. Pages Department of I Important: If ite any injury or of	1				V	Villian	nso	on-Flu	harty 1	Funera	1 Se	rvice, P.A	
-		_	23a. Part1. Enter the disease, c shock, or haart failura. Lis			- 3	319 E.	Do	over S	t.East	on, Md.	2160	Approximate interval Between	
ox 68760,	certificate be executed miding physician and use es the buriet-trensit	n/Medical Examiner	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last		2 NE	Due to (or as a conse	equence of):	to	ery	Dis	sea	se		
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0	e de the s	Physicia	Part il. Other significant conditi	ons contributing to	death bu	t not rasulting in the	upderlying ceus	a give	en in Part I.	23b. DI	d tobacco use	contribute	to the cause of death?	
9.	that the de led by the a deteched	Ph	1) 1000	5 000	. /	10/1	TIV	<		10	Yes 22N	3 Pr	obably 4 Unknow	
Ś	es tha igned be de	þ	UIWAL		) 6	10//		_		-				
Records,	w requires that the death i been signed by the atte should be deteched for	Completed									s an autopsy formed?	a	Vera autopsy findings vailable prior to ompetion of cause	
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=	Physician: this certific ral director,	o B	25. Was cese raferred to medica examiner?	Hospital:										
o	Phys this ral di	-	1 Yes 2 No  27. Manner of Death	11	☐ Inpatier te of injun				4 LI Nursing	Home 5□Re			ify)	
E	ding After fune	lon	1 Natural 5 ☐ Pendi	ng (M	onth, Day	Year) 28b. Time injury				28d. Describe	how injury occ	urred		
Si	Attending r death. ector: After by the fune	Icat	2 Accident investi	not be					res 2 □ No					
Division	for Attendate deat Director:	Certification:	4 ☐ Homicide determ	nined 286. Pla	iding, etc.	ry - At homa, farm, s . <i>(Specify)</i>	treet, factory, off	lce		28f. Location City or T	Location (Streat and Number or Rural Routa Number, City or Town, Stata)			
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	To the Hospital or Attanding within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical	Course only 5 Medical	Examiner: On the	Dasis of	my knowladge, daa axamination and/or i	th occurred at the	ne tim	a, date and place inion, death occ	ce, and due to the	e cause(s) and a, data and piac	manner as e, and dua	stated. to the causa(s)	
	thin the	Med	0.0)	and mi	anner stat	ed.								
	ot we to	-	29b. Signature and title of certifie	(	-	7	29c. Lic	ense	number	7/	29d. Date sig	ned (Month	, vay, Year)	
			Jame	YA	X	es	OD	) <	1101	0	12-	to	76	
			30. Name and address of person	who completed ce	susa of de	ath (Item 23a) (Type	, Print)							
			James Side	es,M.D.	92	0 Market	t st. I	De	nton,M	d.2162	9			
			21 Date filed Afonth Day Vest	- 00	Charleton.	de Claustine								

Registrar

DEC 1 0 1996



State of Maryland / Department of Health and Mental Hygiene Q 6 2000

				3.0.0		Certificate of			Reg. No.	0:	0000			
	Dhuala		1. Decedent's Name (First, Mid	dle, Last)				2. Data of Dea		Vaar	3. Tima of Death			
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	Exami		4a. Facility Nama (If not institut	ion, give street and number	r)		4b. City, Town, or	Location of Deeth						
			Homewood N	ursing Hom	е		Willia	amsport	Was	hing	ton			
	Funeral		5. Social Security Number		ga (In yrs. last birt	hdey) If Under 1 Yaar Months Deys		8. Date of Birth (Month, De)	h Veer)	9. Birthple	ce (Stete or Foreign			
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	pu .		Usual Residence of Decedant  10a. Stete 10b. Coun	h.	10c. City, Town	or I posting								
	anyla sho	-								100	1. Inside City Limits			
	Ne M	octo		nington	Smit	hsburg				1 ☐ Yas 2 ☑ No				
	ith the	- in	10e. Street end Number			10f. Zip Code			10g. Citizen of V		<b>1</b> 3			
	eth v	ra	14240 Windy			2178			-	S.A.				
21215-0020	filed within 72 hours efter deeth with the Maryland Hyglene. ther than "natural", or items 23s or 28s-f show ow, the Medical Examiner must be notified at	by Funeral Director	11. Maritel Stalus 1 □ Never Merried 2 ☑ Ma 3 □ Widowed 4 □ Divorca	If Yes Give	? INo	13. Was Decedent of If Yes, specify Cut  1 ☐ Yes 2 No		pecify Yes or No- o Rican, atc.)		e - American ck, White, at White	c.			
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Maryland	s i end 2 should be filed within 72 ho Health and Mental Hyglene. Item 27 is marked other than "natur other traumatic event, tra Medical		19e. Informent's Neme/Reletion			Meiling Address (Stree								
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alt	pemit. Page Department of Important: If any Injury or once.		21. Squature of Funeral Squate Licensee 22. Name and Address of Facility 1.0.5.0.5.											
m	88 = 88		Davis Funeral Home Smithsburg, Md. 21783											
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J of	aling Phys After this funeral d		27. Manner of Deeth	28a. Data of Inj (Month, D		ma of 28c. Inju		28d. Dascribe h						
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Division	tal or Atters as all Directors of In by the	Certification:	3 Sulcida 4 Homicide  4 Homicide  4 Could not be determined  28e. Plece of Injury - At home, ferm, street, factory, office building, atc. (Specify)  28f. Location (Street and Number or Rurel Route North City or Town, Stete)											
	To the Hospital or Attendit within 24 hours after death.  To the Funeral Director; All completely filled in by the fu	edical	one) 2 Medica	ing Physician: To the best i Examiner: On the basis of end mennar s	of examinetion and	/or investigetion, in my	opinion, deeth occu	rred at the time, o	dete and place,	and due to the	ne cause(s)			
	1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	Σ	29b. Signeture and title of certifi	97		29c. Licen		d (Month, De	ey, Year)					
			1/11/	J. J.		D	26806		14/	11/16				
			30 Name and address of person	who completed ceuse of	deeth (Item 23a) (1	Type, Print)	1/ 00	/	_	/-	. ~			
			PH Phul DA	M 147.	vorte	h Shel	7650/N	ann	0 2	174	1			
	Sta	te	31. Date filed (Month, Day, Year	9 100C 32. Regist	rer's Signeture	0								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Morris Day 135 orimer December /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince george's Hospital Center Cheverly Prince George's if Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Ye) 9/16/25 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months Hours XM 2□ F 579-32-4718 Director Maryland Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits traumatic event, the Medical Examiner must be notified at P.G. Oxon Hill Director 1 XYes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 1727 Iverson Street permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, tra Medical Examine mounts. Herns 23a 20745 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes: WW II 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Black þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Photographer Photography 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Charles L. Morris Essie Stokes 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Warren T. Morris, Sr./Nephew Same as # 10 above 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from Stete Mt. Olivet Cem. 12/6/96 4 ☐ Donetion 5 ☐ Other (Specify) Washington, D.C. 22. Name and Address of Facility
H.S. Washington & Sons, Inc.
4925 Burroughs Ave., N.E. 21. Signature of Funeral Service Licenses W. Srall arry 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Cerebro /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Examiner Cancer To the Hospital or Attending Physician: The law requires thet the death certificate be executed within 4 hours after death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and pomphasely filled in by the funeral director, page 2 should be deteched for use as the bursh-transit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical exeminer? 28. Place of Death (Check only one) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Medicai Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigetion 1 Natural 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 \( \text{Homicide} \) 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D20302 December 30. Neme and eddress of person who comp d use of deeth (Item 23a) (Type, Print) 74th Ave Landover Hills, Md 20784 Robert Gereise 4410 M.D. 31. Date filed (Month, Day, Year)
DEC 11 State

**DHMH 16 Rev 6/95** 

Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

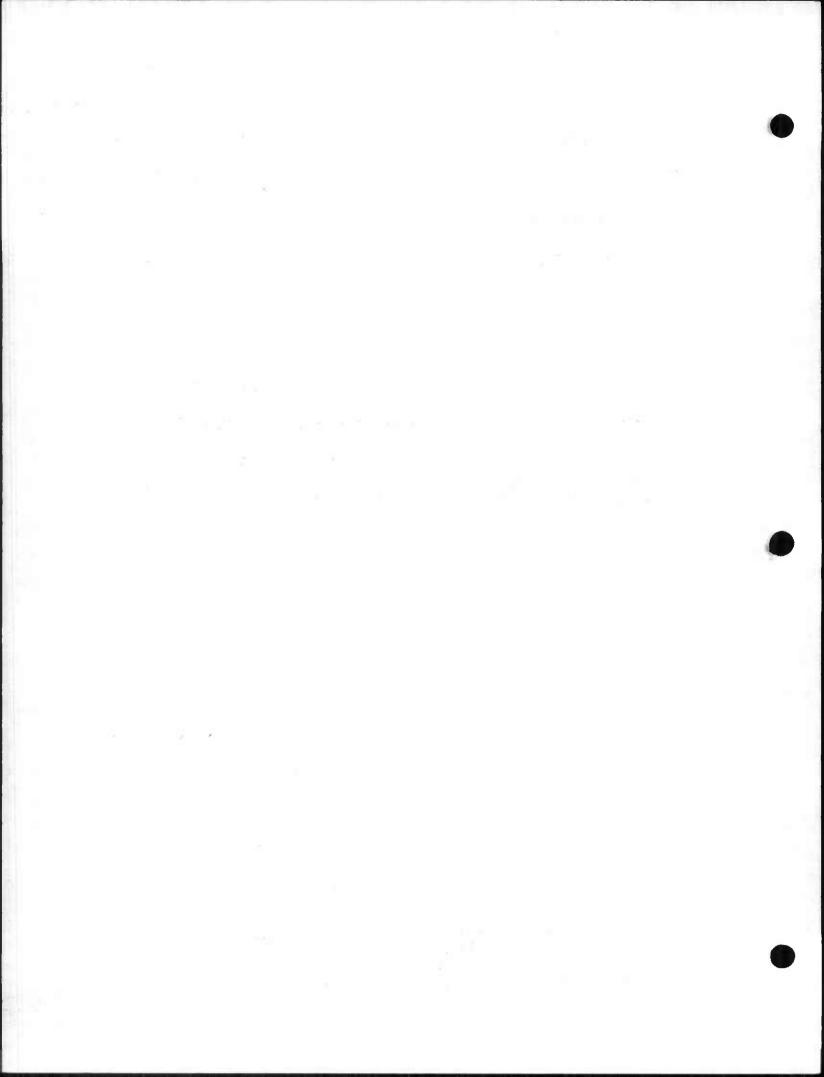
State of Maryland / Department of Health and Mental Hygiene 96 39092

					,	Cer	tificate of	Death	R	eg. No.		
П	1144		1. Decedent's Neme (First, Middle	le, Last)					2. Dete of Deet	h		Time of Deeth
	Physici /Medi		Joseph Breneman	n Morris					December	Dey 12,	1996 I	D:49 AM
	Examir		4e. Facility Neme (If not institution	n, give street and number)				4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth	
			Washington Cou	nty Hospital				Hagersto	wn	Washi	gton	
	Funeral Director		5. Social Security Number 301-24-7532 Usual Residence of Decedent	6. Sex 7. Ag	e (In yrs. last b	virthdey) Yrs.	If Under 1 Yee Months Deys		8. Dete of Birth (Month, Dey, December	Year) 2,192	Country)	(State or Foreign
	land		10a. Stete 10b. County		10c. City, To	wn or Loc	ation				10d. l	nside City Limits
	the Mery 28a-f aho	Director	Maryland Washi	ngton	Hagers	stown	10f. Zip Code		4	0g. Citizen of V		□Yes 2 No
	s 23a or	eral Di	11521 Rock Hill				21740			USA		
020	ges 1 and 2 should be filed within 72 hours efter death with the Meryland it of Health and Mental Hyglene. If itam 27 is marked other than "natural", or items 23a or 28a-f ahow or other traumatic avent, the Medical Exemine	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merr 3 Widowed 4 Divorced	If Yes Give	No		Yes, specify Cu	Hispenic Origin? (S ben, Mexican, Puert Specify:	o Rican, etc.)		e - American In sk, White, etc. White	idian,
5-0	72 h	etec	15. Decedent (Specify only highes	t's Education st grede completed)	16	a. Decede	ent's Usuel Occi	upation e during most of wor	king	16b. Kind of Bu	isiness/Industr	у
21215-0020	d within giene. r than	Completed	Elamentary/Secondery (0-12)	College (1-4or		inte. D		e during most of wored)		US Gove	rnment	
	al Hygid other	BeC	17. Father's Neme (First, Middle,	Last)			-	18. Mother's Nen	ne (First, Middle, I	Aaiden Sumam	e)	
a	should be ind Mental I	To	Ernest Ralph Mo	rris				Carrie	Mae Bren	eman		
Maryland	Tand 2 sho Health end I am 27 is me		19e. Informent's Neme/Rejetions Bernadine Ellen					et and Number or Ru 11 Rd. Ha				(e)
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Balti	permit. Page Department of Important: If any injury on once.		21. Signature of Eupperal Service		19 01 001	0.5	Neme end Add	ress of Fecility uneral Ho nococheag	me			
	-		23a. Pert1. Enjurine diseese, or shock, or bean failure. List	complications that caused	the deeth. Do			_				proximata
70	Physician	2 17	shock, or board failure. List	only one causa on sech li	ne.			15/4/3-36			inte	rval Between set and Death
2	/Medical		Immediate Ceuse (Finel disease or condition	Cax	7 1 100	TIAN	2	1,00			M	or. H.o
	Examiner		resulting in deeth)	e	Due to (or as	consequ	uance ot):	VIII				09195
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	e des the at red fo	sici	Pert II. Other eignificant conditio	ons contributing to death b	ut not resulting	In the un	derlying cause g	jiven in Pert i.	23b. Did to	bacco uee cor	ntribute to the	cause of death?
s, P.O	res that the de igned by the a be detached t	by Phy	1 Schem	e lard	iom	401	rolly		104	90 2□ No	3 Probably	4 Unknown
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of	0 00	ဥ	1 ☐ Yes 2 ☐ No	Hospitel:			3LI DOA		ome 5 Reside			
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Division	al or Atta	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicida determi		ury - At home, c. (Specify)	farm, stre	et, fectory, office	9	28f. Location (St City or Town	reet and Numb , State)	er or Rural Rol	ute Number,
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completaly lilled in by the luneral	edical	29a. Certifier 1 Certifying (Check only one)	g Physician: To the best Examiner: On the basis of and menner sto	examination e	ja, daath nd/or inve	occurred et the estigetion, in my	time, deta end placa opinion, daath occu	, and dua to the corred at the tima, do	ausa(s) and ma ata and piece, a	nner as stated and due to tha	cause(s)
	To the To the company of the	×	29b. Signeture and little of certifier	6 MD			29c. Licer	se number (786	2	9d. Dete signed	(Month, Day,	Year)
			J. Afench	who completed causa of d	128	(Type, P	Salc	hill au	re, Hac	zerst.	MAS	1740
	Sta Registr		31. Dete filed (Month, Day, Year) DEC 1 3	1996 32 Registr	er's Signeture	andall.			/		1102	

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State of Maryland / Department of Health and Mental Hygiene 96 39093

						Cer	tificate c	of Deatl	h		Reg. No.	0 0	,,,,,,
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	Physic /Medi			LUCILLE	KENN	ETT	MORRISO	N		DECEM	BER 15.	1996	3:30 A.M
	Exami		4e. Fecility Name (If not institution, give	re street end number)				(	own, or Lo	ocation of Deet			
			1021 VALLEY R	RD.				KNO	XVILL	E	WASHI	NGTON	
Г	Funeral		5. Sociel Security Number 8. 8	Sex 7. Age	e (In yrs. les	t birthday)	If Under 1 Ye		r 24 Hrs.	8. Dete of Bir (Month, Di	rth	9. Birthp	lece (State or Foreign
	Director		374-24-6243	1□M 2KDF	91	Yrs.	Months De	ys Hours	Min.	JAN. 1	1905	MICH	IGAN
	D		Usuel Residence of Decedent							OCILI-A		11201	207.01
	how		10a. Stete 10b. County		10c. City,	Town or Loc	cation					10	Od. Inside City Limits
	Ma Figure	to	MD WASHING	STON	KNOX	VILLE							1 ☐ Yes 2 No
	h the	Je Je	10e. Street end Number				10f. Zip Cod	е			10g. Citizen ot	What Coun	try?
	h wit	0	1021 VALLEY RD	).			217	758			U.S.	Α.	
	deat	Funeral Director	11. Maritei Stetus	12. Wes Decedent I	Ever in U,S.	13. V	Ves Decedent	of Hispenic C	rigin? (Spi	ecify Yes or No	- 14. Red	e - America	
0	or its		1 Never Merried 2 Merried	Armed Forces?	10		Yes, specify C			Hican, etc.)	etc.		
21215-0020	within 72 hours after death with the Maryland liene. I than "natural", or items 23a or 28a-f ahow the Med cal Examinat must be notified at	by	3	If Yes, Give Year or Detes:		1	☐ Yes 2)☐ I	No Specifi	y:		Specif	WF	ITE
10	2 ho	Completed	15. Decedent's E	ducation		16a. Deced	ent's Usuei Oc	cupetion			16b. Kind of B	usiness/Inc	fustry
21	within 7 ene. than "r	pie	(Specify only highest gra Elementery/Secondery (0-12)	Coilege (1-4or 5	+)	life. D	kind of work do OO NOT use rei	ne auring mo lired)	St of Work	ing			
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b	be filed that Hygie d other if	Be	17. Fether's Neme (First, Middle, Last,	)				18. Moti	her's Neme	First, Middle	, Meiden Suman	ne)	
<u>a</u>	should be filed of Mental Hygi marked other matic event, I	ToE		LUCIAN k	KENNET	Т			EL	IZABET	H COSTE	LLO	
Maryland	2 should be f and Mental I a merked of summite eve		19e. Intorment's Neme/Reletionship (	Type, Print)		19b. Mailin	g Address (Str	eet and Num	ber or Run	ai Route Numb	er, City or Town,	Stete, Zip	Code)
	od 2 lith 8 27 Is		PAULINE BEST			1021	VALLEY	/ RD	KNOX	VILLE.	MD. 217	58	
ē,	of Heal		20e. Method of Disposition		20b. Pled	e of Dispos	sition (Name of		1	Dete	20c. Location		wn, State
altimore,	0 0		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif				JOSEPH	,	/16/9	c	4D 21727		
三	permit. Pag Department Important: I any Injury o		21. Signature of Funerei Service Licer		EMMITSBURG, MD. 21727 ES FUNERAL HOME								
Ba	Depart Import any inj once.		<b>h</b> //- / m	lhilia					. 7				
_			your "	25/10002							URG, MD.	21/2	:/
			231 Part Enter the disease, or com	one ceuse on each lin	the deeth. 19.	Do not ente	or the mode of a	dying, such e	s cardiec o	or respiretory e	errest,		Approximete Interval Between
	Physician (Markins)		V	0.00	0	1		Λ.	- 0	4	4-		Onset and Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	· probab	le a	enly	myo	where	al	you	lion	in	miediati
В		L.	resulting in obatiny	0,	la de								
	sit set	line		arter	با مند	عالله	:CC	coud	hovo	rules	desea	u	years
	and -tran	Examiner	Sequentially list conditions,		Due to (or e	s e consequ	uence of):					1	0
50,	oe ay clan ourial		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	C									
68760	entificata be axecuted ding physician and se as the burial-transit	Medical	thet initiated events resulting in deeth) Lest										
9 x	death certifical attending pt	Me		d									
Bo	9 2 2			0.									
	U W X	Physician	Pert II. Other significant conditions of	ontributing to death bu	ıt not resultii	ng in the un	derlying cause	given in Per	t I.	23b. Did	tobacco uss co	ntributs to	the cause of death?
P.0	requires that the been signed by th hould be datache	Phy								10	Yss 20 No	3 Prob	nably 4 Unknown
Ś	th se th	b											
Records,	been s	bel									an autopsy ormed?		ere autopsy findings alieble prior to
သို့	~ ~ ~ ~	pie										con	mpletion of cause death?
ď	9 6 6	Completed								10	Yes 2 🖾 No	1	Yes 2□ No
Vital	defan: T certificat rector, p	Bec	25. Wes case reterred to medical					28 Ple	ne of Death	n (Check only			, 100 22 10
>		0	exeminer? 1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpatle	nt 2 FE	VOutpetient	3□ DOA	Other			dence 6 Oth	er (Specifi	d
o		E	27. Menner of Death	28a. Dete of Injur	y 28	3b. Time of		njury et Vork?			how injury occur		7
Division	Attending Fire death.  Sctor: After by the funer	Certification:	Naturel 5 Pending 2 Accident Investigation	(Month, Day	Year)	Injury		Vork? ☐ Yes 2☐	] No				
ISI	i or Attendil after death. Director: A d in by the fu	fica	3 ☐ Suicide 6 ☐ Could not b		rv - At home	e. ferm. stre	et, fectory, offi	CA		28f. Location (	Street end Numb	per or Rura	l Route Number.
S		ert	4 Homicide	building, etc	. (Specify)	.,,	ot, rootory, one			City or To			
	Hospital 24 hours Funeral etely filled		29e, Certifier 117 Certifying Ph	ysician: To the best o	t my knowie	dae deeth	coursed at the	time data a	and plane	and due to the	cause(s) and my		atad
	Hos Fun Fun	edical		niner: On the basis of end menner ste	examinetion	end/or inv	estigetion, In m	y opinion, de	eth occurr	ed et the time,	dete and piece,	and due to	the cause(s)
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in	M	29b. Signeture end title ot certifier	A CONTINUE STO	.ou.		29c Lice	ense nu <i>m</i> ber			29d. Dete signe	d (Month I	Day, Year)
	£ ₹ £ 8		A STATE OF S	. 10	les	. 5	6	11/6	75		. 1	6/9	
				N. ~	X		U	1100	10		1011	0111	0
			30. Name and eddress of person who		- 25			110.1-	M	n.			
					MU,		3 punsu	NUR	7 V.				
	Sta	ite	31. Dete tiled (Month, Day, Year) DEC 1 7	32. Registre	Signatur	P	1						
	Registr	ar	DECT 1	1JJU	W MANAGE	THE PARTY OF THE	all						



State of Maryland / Department of Health and Mental Hu

riment of Health and Ment	ai Hygiene	90	391
tificate of Death	Reg. No.		0 5 0
	1109.110.		

8. Date of Birth (Month, Day, Year)

**Physician** /Medical Examiner

4a. Facility Name (If not institution, give street and number)

MCANDREW

2. Dete of Death Month DEC. 06, 1996 3. Time of Death 9:05 AM.

GROW HOSPITAL MALCOLM 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) 4b. City, Town, or Location of Death CAMP SPRING

4c. County of Death Prince George's

Funeral Director

28a-f show

the

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

"natural",

filed within Hygiene.

permit. Peges 1 and 2 should be filed with Depertment of Health and Mental Hygien Important: if Item 27 is marked other that eny Injury or other traumatic event, management.

**Physiclan** /Medical

Examiner

siclan and buriel-transit

physician s the bune

USB

should be o

page 2 certificate

director

after death.

Director: After this
d in by the funeral di

within 24 hours after To the Funeral Direct

pletely

The Hospital

To

or Attending Physician: The law requires that the death certificate be executed

P.O. Box 68760.

Vital Records,

Division of

Examiner

by

Completed

Be

Certification: To

Medical

10b. County Maryland Prince George's

1. Decedent's Neme (First, Middle, Last)

WILLIAM

168-18-1242

Usuai Residence of Decedent

10c. City, Town or Location Forestville

Yrs.

6,1919 Nov. Pennsylvania 10d. Inside City Limits

10e. Street and Number

10f. Zip Code

Months

1 Yes 2 XIo

Birthplece (State or Foreign Country)

6502 Hansford St.

20747

10g. Citizen of What Country? U.S.A.

16b. Kind of Business/Industry

1 Never Merried Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces?
1 ☑ Yes 2 ☑ No If Yes, Give WWII I Yeer or Dates:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 🗓 No

If Under 1 Year If Under 24 Hrs.

Hours

Deys

14. Race - American Indian, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+) 5+

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

696

16e. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Examiner

Federal Government

17. Father's Name (First, Middle, Last)

Elementery/Secondary (0-12)

Thomas A. McAndrew

18. Mother's Name (First, Middle, Maiden Sumeme)

Sara Lynch

19a. Informant's Name/Reletionship (Type, Print) Eugenia Z. McAndrew/Wife

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6502 Hansford St. Forestville, Md.20747

20a. Method of Disposition

1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State

20b. Piaca of Disposition (Neme of cemetery, crematory or other place)

20c. Location - City or Town, State

4 ☐ Donation 5 ☐ Other (Specify)

Maryland Veterans Cem. 12/10/96 Cheltenham, Md. 22. Name and Address of Fecility George P. Kalas Funeral Home

21. Signature of Juneral Service Licensee

6160 Oxon Hill Rd. Oxon Hill, or configurations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line.

Md.20745 Approximate interval Between Onset and Deeth

Immediate Cause (Final disease or condition resulting in death)

MUUTIPE TUTURIES

Due to (or as a consequence of)

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Physician/Medical

Due to (or as a consequenca of)

Due to (or as a consequence of)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

1 Yes

24b. Were autopsy findings evailable prior to completion of cause of death? Nes 2□ No

25. Was case referred to medical exeminer? 1X Yes 2 No

28a. Dete of Injury (Month, Day Year) 5 Pending

investigation

6 Could not be determined

2

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

6

28c. Injury et Work? 1 Yes 2 9 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

2 No

28d. Describe how injury occurred A NOTHER VEHI UL DRIVER OF USE STRUCK BY

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Location (Street and Number or Rural Route Number, City or Town, State) FORDESTULLET SUTTUDINOPKINY P. GEORGE

29a. Certifier

27. Menner of Death

28 Accident

3 Sulcide

4 Homicide

1 Natural

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and manner as stated.

2X Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

AKONION

29c. License number O.C.M.E.

29d. Date eigned (Month, Day, Year) DEC. 07, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

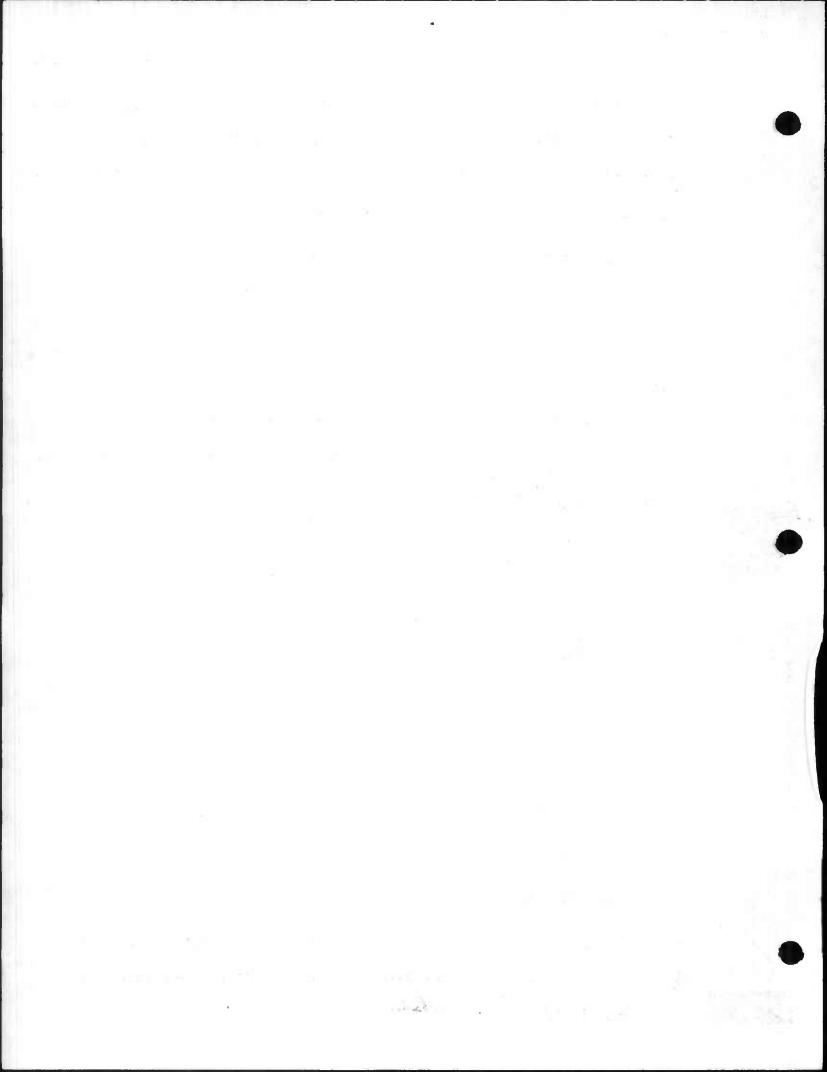
111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

State Registrar

31. Date filed (Month, Day, Year) DEC 0 9 1996



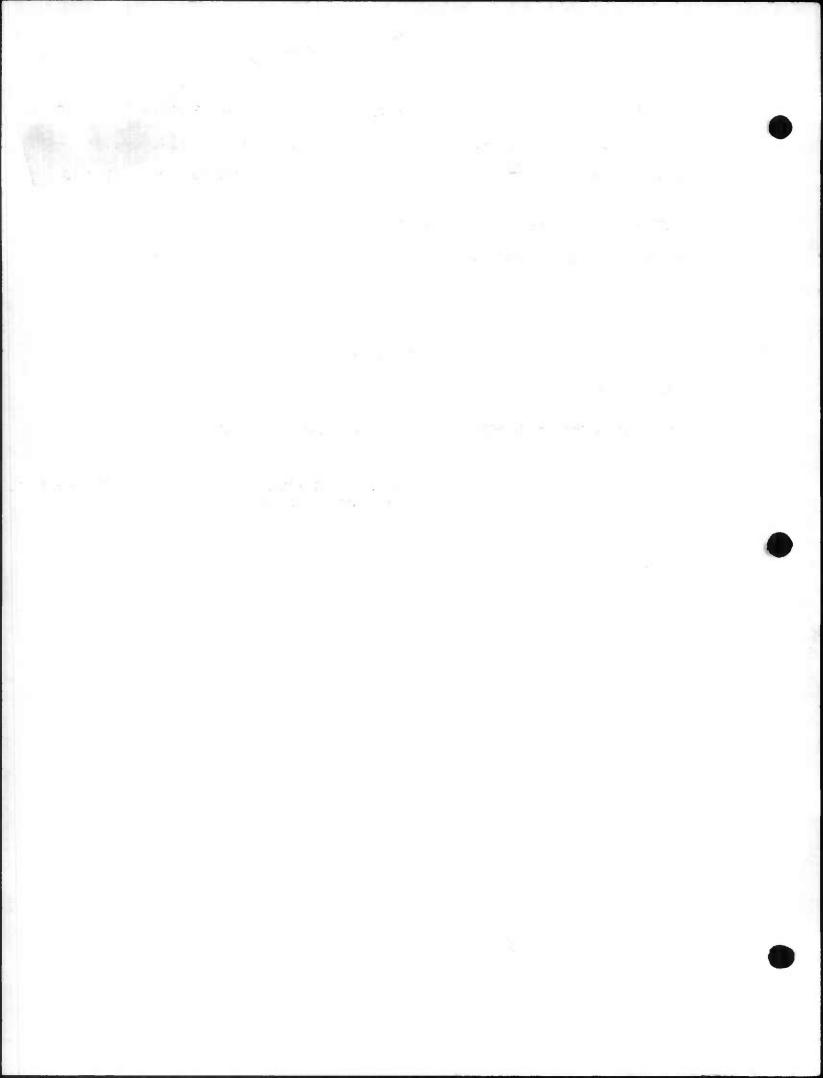


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 3 9 0 9 5

							rtificate o	f Death	•	Reg. No.	O	3030			
	Dhualai		1. Decedent's Name (First, Middle, Las	it)					Date of Death     Month     Day     Year  3. Tima of De						
	Physici /Medi		Felicia			Mc	Carren			, 1996	real	11:50 p.m.			
	Examir		4a. Fecility Neme (If not Institution, give	street and number)				4b. City, Town, or	Location of Deat		of Death				
			4620 North Park Av	enue Apt	. 1101	LW		Chevy Ch	ase	Montgor	mery				
	Funeral		Sociei Security Number 6. Se		e (In yrs. last	birthdey)	If Under 1 Yes	ar if Under 24 Hr	S. 8. Date of Bir	th Voor		lece (Stete or Foreign			
	Director		553-22-8702 Usual Residence of Decedent	□м ЖХГ 7	9	Yrs.	Months Day	s Hours Mil	8. Date of Bir (Month, Da JUNE 25	, 1917	ILLI	Nois			
	Maryland f ahow	ō	10a. State 10b. County	Env	10c. City, To						10	0d. Inside City Limits			
	the the	Director	MARYLAND MONTGOME  10e. Street and Number	ERI	CHEV	I GHA	10f. Zip Code	<u> </u>		10g. Citizen of V	What Coun	tn/2			
	With Will	ā	4620 N. PARK AVE.	# 1101-W			20815	,		U.S.A.	viidt Couri	ayr			
	eath	era	11. Merital Status		Ever in I.I.S.	13 \		f Hispanic Origin?	Specify Ves or No		e - America	en Indian			
050	d within 72 hours after death with the Maryland ijene. I than "natural", or Nems 23a or 28a-f show the Modical Examiner must be not the death	by Funeral	1 □ Never Memed 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 🖾 N If Yes, Give Yeer or Detes:	lo		f Yes, specify Co	f Hispanic Origin? (: uben, Mexicen, Pue o Specify:	rto Ricen, etc.)		k, White, e	etc.			
2-0	72 ho	ted	15. Decedent's Edu (Specify only highest grad	ucetion	1	8a. Deced	dent's Usual Occ	upation	adela -	16b. Kind of Bu	usiness/Ind	lustry			
21215-0020	within sne. than	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5	+)	life. L	MAKER	e during most of wo	orking	OUN HOM	E.				
9	other of		12 17. Father's Name (First, Middle, Last)	4		HOPIE	TIAKEK	18 Mother's No	OWN HOME ame (First, Middle, Maiden Sumame)						
Maryland	0 0 0 0	9 Be	FELIX ROSSI					THERES			9)				
3	s 1 and 2 should if Health and Menitem 27 is marked other traumatic	2													
Ma			19a. Informent's Name/Relationship (T)		}			et end Number or F				Code)			
e,	1 and 2 Health em 27 i		WILLIAM C. McCARI 20a. Method of Disposition	REN, SON	20h Place	4428	BRANDYW	INE ST. W	ASHINGTO			01-1-			
ŏ	T to T		1X Burial 2 ☐ Cremation 3 ☐ F		ceme	stery, crer	sition (Name of netory or other p ts Cemet	lece)	12/9/96	20c. Location - Des Pla					
ij	tamer tamer		4 ☐ Donetion 5 ☐ Other (Specify)		KII										
Baltimore,	permit. Peges 1 and 2 Department of Health of Important: If item 27 is any injury or other tra ang.		21. Signalurgool Funeral Service Licens	214	ne					5130 W	ISCON	SIN AVE. N			
÷			WASHINGTON, DC 20016  23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between												
1	Physician		la l								1	Onset and Death			
7	/Medical		Immediate Cause (Final disease or condition	Lymphom	na						i	2 months			
и	Examiner		resulting In death)	a	Due to (or as	a consec	uence of):					z monens			
		ner									1				
	tificate be executed ig physician and es the bunal-transit	Examiner	Sequentially list conditions.	b	Due to (or as	a conseq	uence of):								
ó	an ar	M X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying												
68760,	te be	edical	thet initieted events	c	Due to (or as	a conseq	uence of):				-				
	tifica ng ph es th		resulting in death) Last		,										
Вох	deeth cer e attendir od for use	2		d							-				
	that the deeth cered by the attendin	Physician/M	Part II. Other significant conditions con	ntributing to death bu	t not resulting	a in the ur	nderlying cause	oiven in Part I.	23b. Did	tobacco use cor	ntribute to	the cause of death?			
P.O.	by the	ž								Yee 28 No		ebly 4 Unknown			
	igned be det	by													
Records,	e law requires that hes been signed b ge 2 should be dete	Completed							24a. Was perfo	an autopsy rmed?	eva	ore autopsy findings illable prior to inpletion of cause death?			
	The I	ОШ							10	Yes 2 No	10	Yes 2□ No			
Vita		Bec	25. Wes case referred to medical					28. Place of De	ath (Check only o	one)	-				
>	Physician: this certific	To	exeminer?	Hospitel:	nt 2□ER/	Outpatien	1 3 DOA	Wher:	Home 5□ Resid		er (Specify	)			
o	er this		27. Manne of Death	28a. Date of injury (Month, Dey		b. Time of				how Injury occurr		,			
0	ath.	at 9	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigation	(MOIIII, Day	rear)	Injury		Yes 2 No							
É	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Inju building, etc.	ry - At home, . (Specify)	, farm, stre	set, fectory, offic	9	28f. Location (: City or Tox	Street and Numbern, State)	er or Rural	Route Number,			
	ours ours filled		29e. Cartifier 1 Certifying Phys	eiclan: To the best of	f my knowled	ine death	occurred at the	time date and nice	a and due to the	cause(s) and me	nnor oe et	atod .			
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	(Check only 2 Medical Exami	iner: On the basis of and menner stat	examination :	end/or inv	restigation, in my	opinion, death occ	urred at the time,	date and plece,	and due to	the cause(s)			
	o the	Me	29b. Signature end-title of certifier	1			29c. Lice	nse number		29d. Date signed	3 (Month. I	Day, Year)			
	F 5 F 0	D23600								Decembe					
	20	+	20 Name and others	7	- 44 /	. \ /=		2000	-	Decembe	1 ,	1990			
	20		30. Neme and address of person who con Bruce R. Kressel,				<sub>Print)</sub> nsin Av	e Char	y Chase,	MD 200	8152	552			
			31. Date filed (Month, Dey, Year)	32. Begistra			HOTH AV	e. cilev	y onase,	EID 200	217-3	226			
	Sta Registr		DFC 1 0 1006		and the	70.1.	40								

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 500 Month 1096 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SUBULBAN BC Thespa MD HUSPILA MONT COME 19 If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Dete of Birth (Manth, Day, Year) July 13, 1916

10f. Zip Code

9. Birthpiece (Stete or Foreign

10d. inside City Limits X□ Yes 2□ No

New York

10g. Citizen of What Country?

7. Age (In yrs. lest birthday)

80

Yrs.

Chevy Chase

10c. City. Town or Location

**Funeral** Director

**Physician** 

/Medical

Examiner

5. Sociel Security Number

075-07-8578

10e Stete

Maryland

10e. Street end Number

Directo

Usual Residence of Decedent

10b. County

6. Sex

Montgomery

1 MM 2□ F

the Maryland r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at hours after

marked other 2 should be family Mental F Pages 1 and 2 should permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

of Vital

Division

Physician /Medicai Examiner

burial-transit the attending for use as signed by t peeu has page certificata this the á

be axecuted The Physician: Hospital or Attending Pl 124 hours after death.
 Funeral Director: After the 24 hours at Funeral Di etaly filled in To the Hosp within 24 ho To the Fune completaly f

4701 Willard Ave. #1218 20815 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. 11 Maritei Status Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: white Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) housing & redevelop-Elementary/Secondery (0-12) College (1-4or 5+) assistant commissioner ment N.Y.C. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be William A. McPhee Edna Nugent 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Doris T. McPhee/wife 4701 Willard Ave., Chevy Chase, Md. 20815 20b. Place of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other plece) 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removal from State Gate of Heaven Cemetery Dec. 5,96 Silver Spring, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Eunerel Servica Licens 22. Name end Address of Fecility DeVol Funeral Home disease, or compilcetions that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, approximate ellure. List only one cause on each line. Approximete Intervel Between Onset and Deeth tmmediate Ceuse (Finei MYOCNDIAI INFACTION disease or condition resulting in deeth) Due to (or es a consequenca of): Examiner NEUMONIA Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Physician/Medical Due to (or es e consequença of) DINSCHS Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HIPCITENS/JN þ 24a. Was en autopsy performed? 24b. Were autopsy findings aveileble prior to Completed CRIESTO UNSCUNT DECIDENT completion of cause of deeth? 25. Wes case referred to medical exeminer? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 ROther (Specify) Mospin Hospital: 2 ☐ ER/Outpetlent 3 ☐ DOA 10 1 Yes 2 No 27. Menner of Death 28a. Date of injury (Month, Dey Year) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

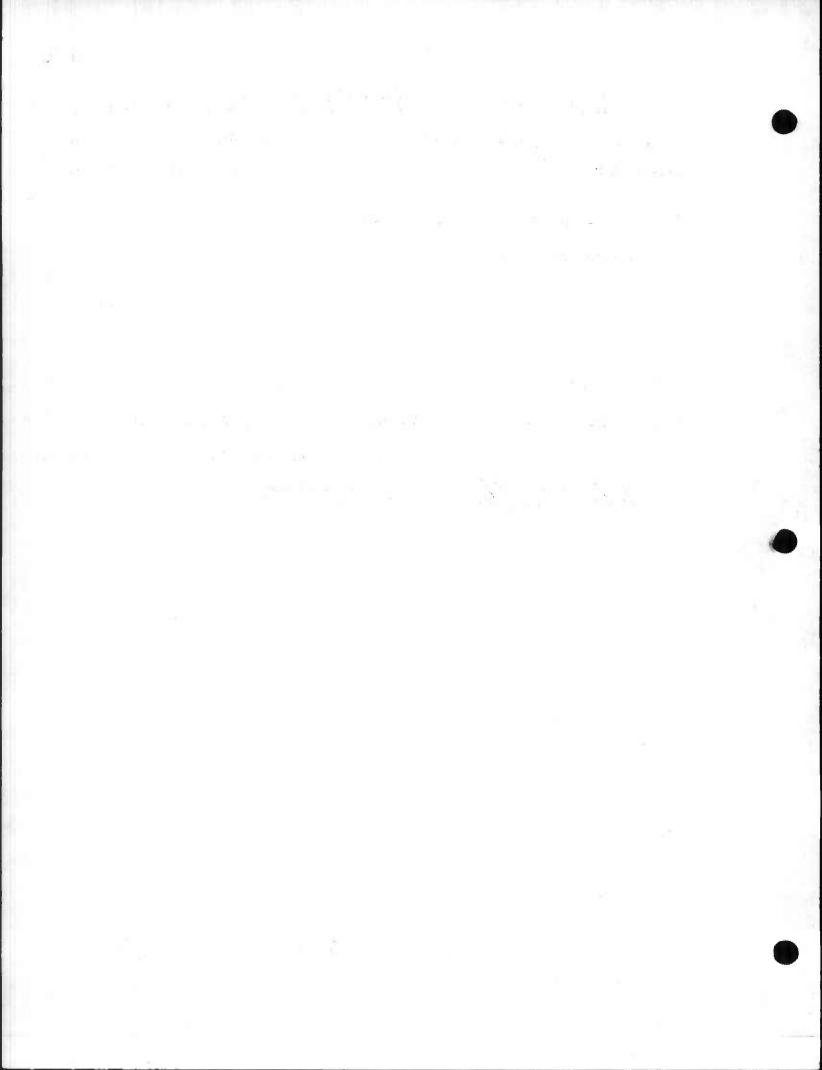
2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 45135 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Adam TC/BAUN 5230 WISCONSIN AVE 6.

32. Registar's Signature

State

Registrar

31. Dete tiled (Month, Day, Year)
DEC 0



State of Maryland / Department of Health and Mental Hygiene 96 39097

						Cert	tificate of	Death		Reg. No.	0	0 0 0 0 1	
	Physic	ian	1. Decedent's Name (First, Middle, La	st)					2. Dete of De- Month	eth Dev	Yeer	3. Time of Death	
7	/Medi		JAMES O.	MILES					HOVEM	30 30 BER	1996	FOUND	
	Exami	ner	4e. Facility Neme (If not institution, give 2400 GUEENS C		* # 700	4			Location of Death		ty of Deeth	-20-10	
-	<b>6</b>		5. Social Security Number 6. S		e (In yrs. lest b		if Under 1 Year	Mt. Rai				orges	
	Funeral Director			MM 2□F	67		Months Deys		. (Month, De	y, Year) 9,1929	Wash	plece (Stete or Foreign ntry) Lngton, D.C	
Maryland	ia-f show	ctor	10a. Stete 10b. County		10c. City, Tov		etion on, D.C				1	0d. Inside City Limits  to Yes 2 □ No	
th with th	23a or 2	al Director	10e. Street end Number 2500 Ontario Ro	1.,N.W.			10f. Zip Code 2000	9		10g. Citizen of Unite			
5-0020 72 bours efter death with the Maryland	rai", or items 23a or 28a-f show	by Funeral	11. Meritel Status  1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent I Armed Forces? 1 Yes 2 N if Yes, Give Yeer or Detes:			es Decedent of I Yes, specify Cub		Specify Yes or Norto Rican, etc.)	14. Ra Ble Speci	ca - Americ eck, White,	etc.	
5-0 72 h	"naturaf", egicel Exz	Completed	15. Decedent's Ed (Specify only highest gre	lucation de completed)	166	. Decede	ent's Usuel Occup	pation during most of we	orkina	16b. Kind of I	Business/In	dustry	
d 2121		mpi	Elementery/Secondery (0-12)	College (1-4or 5	i+)			during most of wo	, , , , , , , , , , , , , , , , , , ,				
10 A	Hygiene. other than		17. Fether's Neme (First, Middle, Lest)	4+		C	hemist	40 Mathada Na	and (First Afidal)	U.S. G		ment	
Maryland 21215-0020	la b o	To Be	James O.	Miles Sr.			191		Annie (	Vint			
	if Health and Meritem 27 is marked other traumatic		19e. Informent's Neme/Relationship ( Elsie E. Miles		18	59 C	aliforn		.W.,Wash:				
Baltimore,	mt: H		20e. Method of Disposition  1 ☒ Burial 2 ☐ Cremetion 3 ☐  4 ☐ Donation 5 ☐ Other (Specify		camete	ery, creme	tion (Neme of etory or other ple National	ce) 1 Cem. 1	Dete 2/9/96	20c. Location Trian			
Balt	Departm importa any inju		21. Signature of Funeral Service Licen	6 4/s	of				Service		- D	.c. 20012	
100	CHILD.		33. Pert1. Enter the dispese, or companies shock or heert feilure. List only	olicetions that caused	the deeth. Do						оп, и	Approximete Intervel Between	
) / E:	nysician Medical xaminer	ner (	Immediate/Cause (Final disease of condition resulting in death)	. HYPERTEN	SIVE AR			ic cardii	OVASCULA	e pisa	155	Onset and Deeth	
O, executed	an end irial-trans	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or es e	conseque	ence of):						
ox 68760, certificate be executed	attending physician end for use as the burial-transit		resulting In deeth) Lest  Due to (or es e consequenca of):										
death cert	atten for u	clan									1		
2 5	S C	Physician/	Pert II. Other significant conditions of	ontributing to death bu	it not resulting I	In the und	lerlying cause gi	ven in Pert I.		Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknow			
	pengis pe q p	þ	Malbalant										
DIVISION OF VITAL RECORDS, P. Or Attending Physician: The law requires that	2 5 5	Completed							24e. Wes perfo	en eutopsy med?	av co	ere autopsy findings ellable prior to mpletion of cause death?	
T P	ate he	E O							101	es 2 No	10	Yes 2 No	
lan:	is certificate director, pag	Be (	25. Was case referred to medical exeminer?					26. Piece of De	eth (Check only o	ne)			
Or VITA	this ce	2	1 X Yes 2 □ No	Hospital: 1 ☐ inpatier	nt 2 ER/O	utpatient	3□ DOA Ott	ner: 4 Nursing I	Home 5 Resid	ence 8 XQ1	her (Specif	NAPAGINENT	
Attending P	death. ctor: After ti y the funera		27. Manner of Deeth  1 Naturel 5 Pending 2 Accident Investigation			Time of Injury	M 1	y et rk? Yes 2 □ No	28d. Describe h	ow injury occu	rred		
DIVIS	s after de M Directo ed in by t	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inju building, etc	ry - At home, fe . (Specify)	erm, stree	t, fectory, offica		28f. Location (S City or Tow		ber or Rura	l Route Number,	
ne Hospital	within 24 hours after death.  To the Funeral Director: After completely filled in by the funeral completes the filled in the filled	edicai	29e. Certifier (Check only one) 1 Cartifying Phy one) Cartifying Phy one)	raician: To the best of iner: On the basis of and manner state	my knowledge examination en	e, deeth o	stigetion, In my o	pinlon, deeth occ	urred et the time, o	dete end plece	and due to	the cause(s)	
To the	Toth	M	29b. Signature and title of certifier	# JOB	AN		29c, Licans	NEDICAL D 3395	ZE EXAMINA	29d. Dete sign	PATC	Dey, Year) 2,1996 2,20785	
1	ク		30. Name and address of person who of MARIO F. GOLW.	JR. MD	3001	HOSPI	int) ITAL DR	LUE , CH	Warry	MAR	rANS	20785	
	Sta Registr		31. Dete filed (Month, Dey, Year)  DEC 0 9 19	32. Registre	r's Signeture Davidsen	-Aand	482			l		1-2-4	

State of Maryland / Department of Health and Mental Hygiene 96

				C	ertificate	of Dea	th	R	leg. No.		
		1. Decedent's Name (First, Middle	e, Last)					2. Dete of Daa	th		3. Time of Death
Physic /Med		DOROTHY	MCGAR	RVEY				DEC.	Dey	96	7:00 PM
/wed Exami		4e. Fecility Name (If not institution				4b. City	, Town, or Lo	ocation of Deeth	4c. County		( 001).
		Wilson Health	Care Cente	r		Ga	ithers	huro	Mont	gomer	~V
Funeral		5. Sociel Security Number	6. Sex 7.	Age (In yrs. last birthda		Year If Ur	ndar 24 Hrs.	8. Dete of Birth	1	, Nati	elece (Stete or Foreign
Director		325-16-3995 Usual Residence of Decedent	1□ M 2(XF	78 Yrs.	Months I	Deys Hou	urs Min.	Dec. 11		Illi	
show		10a. State 10b. County		10c. City, Town or	Location					1	0d. Insida City Limits
Ma Maria	cto	Maryland Montg	omery	Gaithe	rsburg						1 ☐ Yes 2 ☒ No
with the Maryler a or 28a-f show De notified at	Director	10e. Street end Number			10f. Zip C	ode		1	0g. Citizen of 1	Whet Coun	itry?
23a		27 Cross Count	try Court		2	0879			United	d Sta	tes
72 hours effer death with the Maryland natural, or Nems 23s or 28s-f show and Examiner must be notified at	Funerai	11. Marital Status	12. Wes Decede Armed Forca	s?	<ol> <li>Was Dacedar If Yes, specify</li> </ol>	t of Hispenic	Origin? (Spi	ecify Yas or No- Rican, etc.)		a - Americ	
s of l	by F	1 Never Married 2 Marri	W.Vee Cire		1 ☐ Yes 2 🛭	No Spe	cify:		Specifi		
72 hours natural',		3 ☑ Widowed 4 ☐ Divorced		s:1942/1945						Wh	nite
	Completed	15. Decedent (Specify only highes	's Education t grade completed)	(Gi	edent's Usuel ( ve kind of work of DO NOT use	done during I	most of work	ing	16b. Kind of B	usiness/Ind	dustry
filed within Hygiene. ther than *	m d	Elementary/Secondary (0-12)	College (1-4d	or 5+)							
be filed ital Hygid d other evant, i		17. Fether's Nema (First, Middle, I	Last)	HC	memaker		other's Name	e (First, Middle, I		me	
0 0 0	To Be		Walter Ho	1mec					Harris	/	
th and Mente 7 is marked traumetic a	F	19e. Informent's Neme/Relationsh			iling Address /6	Street and No	mber or Pur	Mary  al Route Number			Code)
rau trau		William McGarve									
		20e. Method of Disposition	sy/ 3011	20b. Plece of Dis	position (Neme	of	000	Gaithers Dete	Durg, 1 20c. Location -		
t: # 1		1 ☐ Burial 2 ☑ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		te	ematory or other						
ortan Injur	-	21 Signature of Funerel Service L		Metropol	22. Name end		acility				Virginia
Department of H Important: If Ita  eny Injury or ott  onse.			(M)	1/1/-			, De	eVol Fun			
		23e. Pert1. Enter the disease, or	complications that cause							rg, M	D. 20877
hualalan		shock, or heert feilure. List of	only one cause on each	lina.	inter the mode t	i dyilig, suci	i as cardiac c	or respiretory em	ost,	i	Approximate Intervel Between Onsat and Deeth
nysician Medical		Immediate Cause (Final	0.0	2	20.0						
aminer		diseesa or condition resulting in deeth)	· COK	PULMO	NACE					(	CHRONIC
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dansit	Examiner	Conventation for any divine	b. CHK	Due to (or es a cons ONIC OBS Due to (or es e cons	TRUCT	WE	LUL	G 015	CATE		THYONIC
in an iel-tr	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying		Due to (or es e cons	equence or):						
physician and s the bunel-transit	cal	Ceuse (Disease or Injury that initiated events	c	Due to (or es a cons	equence of):						
0 0	Medical	resulting in deeth) Lest									
ed by the attending ph deteched for use as t	any		d								
the att	Physician	Pert It. Other significant condition	ns contributing to death	but not resulting in the	underlying caus	e given In P	ert I.	23b. Did to	bacco use co	ntribute to	the cause of death?
by the	Phy							1 🗆 Y	es 2 No	3 Prob	ably 4 Unknown
signed b	by										
been si should								24e. Wes a		24b. We	ere autopsy findings
60 CM	Completed							poriori		con	npletion of cause death?
page	E O							1 □ Yε	s 2 No	1□	Yas 2 No
certificate	Be C	25. Wes case referred to medical				26. P	lece of Death	(Check only on			
Aner this centric funeral director,	To B	exeminer?	Hospitel: 1 Inpa	tlent 2 ☐ ER/Outpeti	ent 3 DOA	Other		me 5 Reside		ar (Specify	()
er this		27. Menner of Deeth	28e. Dete of In			Injury et Work?		28d. Describe ho			
r: After	atio	1 Neturel 5 Pending 2 Accident Investige		Dey Year) Injury	М	Work? 1 ☐ Yas 2	No				
by th	tific	3 ☐ Suicide 6 ☐ Could no determin	and 28e. Place of I	njury - At home, ferm, s	treet, factory, o	ffice	1	28f. Location (St.	reet end Numb	er or Rura	Route Number,
2 de 5	Certification:		building,	etc. (Specify)				City or Town	, 316(6)		
to the Funeral Director: completely filled in by the	edical	29e. Certifier (Check only one)	Physician: To the bes xaminer: On the basis end manner:	or examinetion eng/or	th occurred et t nvestigetion, in	he time, dete my opinion,	end pieca, e deeth occurr	end due to the ca	tuse(s) end me ete end placa,	enner es str and dua to	ated. the ceuse(s)
To the Funeral Director: completely filled in by the	Me	29b. Signifiure and title of certifier	0		29c. L	cense numb	er	2	9d. Deta signe	d (Month, L	Dey, Year)
	-	Ellun S.	Madara	uy Mo		039	166		DEC 1	2,	1996
)		30. Name and eddress of person w AW IN S MA	the completed cause of	6320 D	emoc(	acu!	BCVD;	Bethe	sda, M	020	0817
Sta		31. Dete filed (Month, Dey, Year)		trer's Signeture			11.7			3911	
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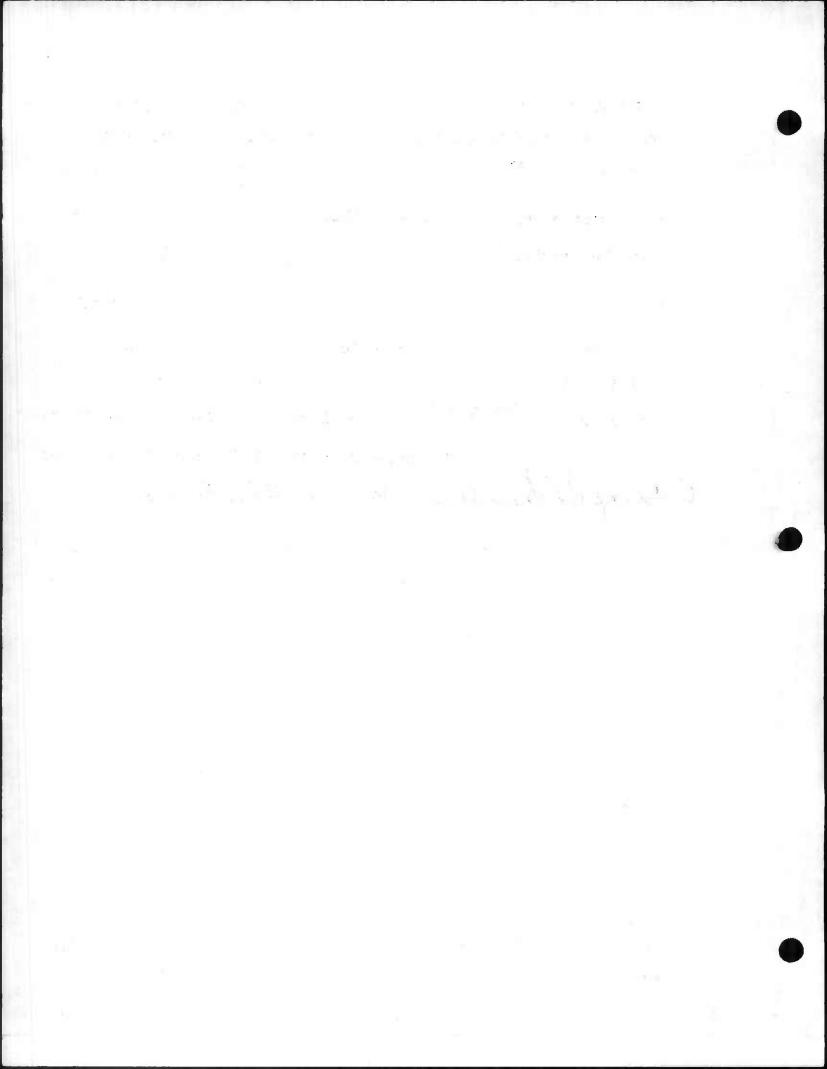
State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** ETHEL Μ. Dec. 9, 1996 11:56 p. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 8. Dete of Birth (Month, Dey, Year) May 2,1916 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 9. Birthplace (State or Foreign **Funeral** Days 1 M 200 Months Hours Yrs. 80 Maryland Director 212-32-3188 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location itam 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Madical Experies must be incitited at 10d. Inside City Limits Director ₩es 2 No Beallsville Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. Beallsville Rd, 20839 19901 Funeral death 14. Race - American Indian, Black, White, etc. 11. Marital Status 12. Was Decedent Ever tn U,S. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) hours after 1 Yes 2 No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Àq Year or Dates: 3 Widowed 4 □ Divorced Black Completed 16a. Decadent's Usuat Occupation (Give kind of work done during most of working life. DO NDT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If itam 27 is marked other than any injury or other traumatic event. Elementary/Secondary (0-12) College (1-4or 5+) None 6th Grade Domestic 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be E. Owens Mary William R. Hood 19a. Informant's Name/Reletionship (Type, Print) (Daughter) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19901 Beallsville Rd, Beallsville, Md 20839 Ms Kathleen Johnson 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20e. Method of Disposition 20c. Locatton - City or Town, State 1 Burtal 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Jerusalem Bapt Cem. 12/14 Poolesville, Md 21. Signature of Funeral Service 22. Name and Address of Facility Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville, Md on fications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, my one cause on each line. Part1. Enter the da Approximete Intervat Between Onset and Death **Physician** /Medical Immediate Cause (Final · RESPIRATORY 5 DAY disease or condition resulting in death) Examiner Due to (or es e consequence of): 5 DAYS PNEUMONIA buriel-trensit Sequentially list conditions, if any, leading to tramediate cause. Enter Underlying Couse (Disease or trijury that initiated events resulting in death) Last Due to (or as a consequence of): be axec Box 68760 ettending physicien Physician/Medical the Due to (or as a consequence of) 98 ō P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes -2 No 3 ☐ Probably 4 ☐ Unknown Records, by 8 been signature 24b. Were autopsy findings evellable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed certificata has b irector, page 2 sl 1 Yes ZONo 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter deeth. Be 25. Was case referred to medical 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 12 Inpatient 2 □ ER/Outpatient 3 □ DOA Certification: To 1 Yes 22 No this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death After th 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturat 2 Accident 5 Pending Investigation s efter deeth.

I Director: Aft
d in by the lur 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely lilled in cal Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner es stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature and title of cutifier 29c. License number 29d. Dete signed (Month, Day, Year) bers 26540 MD 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Frederick Rd. Goithersburg S choenberger 1. 16220 31. Date fited (Month, Day, Year) 32. Registrar's Stgnature State 2 1996 Achia Davidson Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death 7:10 AM **Physician** KUSSELL 25 Van December. 6. /Medical 4e. Facility Name (If not institution, giva street end number) 4c. County of Death 4b. City, Town, or Location of Deeth **Examiner** Suburban Hospital Montgomery Bethesda 5. Sociel Sacurity Number If Under 1 Year | If Under 24 Hrs. 7. Age (In vrs. lest birthdev) **Funeral** 8. Dete of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) Deys 11 M 2□ F Months Hours Min. Yrs. Director 63 578-42-9292 March 8, 1933 | Maryland Usuel Residence of Decedent 10e, State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 3 must be notified Director 1 Ves 2 No Maryland Montgomery Rockville 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or 12801 Atlantic Avenue 20851 United States Funeral Herrs 12. Wes Decedent Ever in U.S. Armed Forcas? 1 △ Yes 2 □ No Korean 14. Race - Amarican Indian, Bleck, Whita, etc. 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, atc.) The Medical Examiner. after 1 Navar Married 2 Married 6 21215-0020 1 Yas 2 No Specify: þ Specify: War 3 ☐ Widowed 4 ☐ Divorced White Year or Dates natural'. Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Janitor Private School other 1 Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 should be f marked Charles Russell Moran, Sr. Thelma E. Lane 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If item 27 is m any injury or other traum once. 12801 Atlantic Avenue, Rockville, Maryland Les William Moran/Brother 20851 20b. Place of Disposition (Name of cemetery, cremetory or other place).

December 10, 20e. Method of Disposition Dete 20c. Location - City or Town, Stete tXXBuriel 2 ☐ Cramation 3 ☐ Removel from Stete 1996 4 □ Donation 5 □ Other (Specify, Memorial Park Rockville, Maryland
22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/ Parklawn Memorial Park 21. Signature of Euneral Service Licensee Rockville, Inc. 300 West Montgomery Avenue M00803 Rockville, Maryland esus 20850-2805 23a. Pert1. Enter the disease, or complications that clused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset and Death Physician /Medical Immediete Ceuse (Final LITANEOUS disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceusa. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest pue burial-tran Due to (or es e consequence of): Box 68760. Physician/Medicai the Due to (or es a consequence of) esn P.O. ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 2 No 3 Probably 4 Unknown be dat Records. þ 2 should Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Wea en eutopsy performed? page certificate 1 Yes 1 ☐ Yas 2 ☐ No of Vital Physician: Be 25. Wes case referred to medicel axaminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this funeral Certification: 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After Division Hospital or Attending 1 Naturel 5 Pending after death. 2 Accident investigetion 1 ☐ Yea 2 ☐ No the 3 Sulcida 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 - Homicide To the Hospital or within 24 hours af To the Funeral D completaly filled in filled 29a. Certifier Medicai Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as allows.

2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 20h. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) KEMB P on who completed cause of dea (Item 23a) (Type, Print) CUM, 107 MEDICAL GUTTER DRIVE 31. Date filed (MOTE, Day) Year 32. Registrar's Signature

Julia Davidson

State Registrar

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene 96 39 10 1

				C	ertificat	e of Death		Reg. No.		3101
Phys	ician	Decedent's Neme (First, Middle, Las	t)	111	ma		2. Date of De Month	Dev	Yeer	3. Time of Deeth
	dical	HELEN YO	ICILE	147	ERS		Decem	ber 8, 1	996	2:00 PM
Exam		4a. Facility Neme (If not institution, give	street and number)			4b. City, Town,	or Location of Deat	th 4c. County	of Deeth	
		Potomac Valley N	ursing Cente	r		Rockv	ille	Mon	tgomer	v
Funer	ai	Social Security Number     6. Security Number	ex 7. Age (In	yrs. lest birthde	(ay) If Under Months		in. 8. Dete of Bi			e (Stete or Foreign
Directo	or	413-03-7953 Usual Residence of Decedent	□M 2\\F 85	Yrs	. INIONILIS	Deys Flours IV		5, 1911	Kent	
15-UUZU 72 hours after death with the Manyland "natural", or items 23s or 28s-f show sheat Examiner must be notified at	lo	10e. Stete 10b. County Maryland Montgo		City, Town or	Location ville				10d.	Inside City Limits 1 ☑ Yes 2 ☐ No
the the	Director	10e. Street end Number	пету	ROCK	10f. Zip	Code		10g. Citizen of	What Country	2
With With	ō	1005 7								
Ps 2	era	1235 Potomac Va	11ey Road  12. Was Decadent Ever	in U.S. 1		20850	(Specify Ves or N		State	
or from	Funeral	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 👿 No	., 0,0.		ent of Hispenic Origin? ify Cuban, Mexican, Pu	erto Rican, etc.)		ck, White, etc.	
ones on o	by	3 ☐ Widowed 4 ☐ Divorcad	if Yes, Give Yeer or Detes:		1□ Yes 2	No Specify:		Specify	Whit	e
2-C	ig e	15. Decedent's Ed (Specify only highest gred	ucation	16e. De	cedent's Usue	i Occupetion k done during most of a	undilan	16b. Kind of B		
	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life	. DO NOT us	e retired)	vorking			
d 212 filed within Hygiena. rither than ent, fre H			1		Secreta				1 Gove	rnment
trai Hyg	Be	17. Fether's Name (First, Middle, Last)				18. Mother's N	leme (First, Middle	, Meiden Sumen	ne)	
Med Wild	2	George Claude My	ers			Hele	n Barnes			
Mary d 2 sho d 2 sho th and h 7 is ma trauma		19e. Informant's Name/Reletionship (7	ype, Print)	19b. Me	elling Address	(Street end Number or	Rural Route Numb	er, City or Town,	Stete, Zip Co	ide)
		Richard O. Cannon, III	M.D./cousin	9413	3 Kents	dale Drive	, Potomac	, Maryl	and 2	0854
		20e. Method of Disposition 1 Burial 2 XCremetion 3 D	Bomaval from State	<ul> <li>Db. Placa of Discemetery, o</li> </ul>	sposition (Nentremetory or o	ne of ther place) December	Dete	20c. Location -	City or Town,	, Stete
Pages nent of int: If its		4 Donation 5 Other (Specify	) Namovel from State	Montgom	erv Cr	ematorium,	Inc. 1996	Bethesd	a Mar	v1 and
permit. Pages Department of Important: If it	ė	21. Signeture of Funeral Service Licens				Address of Fecility Pumphrey Fur				yrand
Department of the part of the	3	Barbara & Mel	Julandawn	0.00						
		23e. Pert1. Enter the divesse, or composhock, or heart failure. Lift only of	licetions that caused the c	deeth. Do not	OU West	Montgomery A	venue, Rock liec or respiretory e	ville, Mar		0850 - 2805 proximete
Physicia		shock, or heert feilure. Lift only o	ne cause on each line.				,		Int	tervel Between
/Medica	_	Immediete Cause (Finei								
Examine	r	disease or condition resulting in deeth)	<sub>e.</sub> Myocardia						im	mediate
	6			to (or es e cons						
pe in sit	듵		<sub>b.</sub> Diabetes						-	
certificate be executed ding physician and use as the bunel-transit	Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying	Due t	to (or es a cons	sequence of):					
ficate be expensed by the burie		Ceuse (Disease or injury	c							
cata phys	Medical	thet initieted events resulting in deeth) Lest	Due to	o (or as a cons	equence of):				i	
			d							
death cer a attendir of for use	lan								1	
	Physician/I	Pert II. Other significant conditione co	ntributing to death but not	resulting In the	underlying ca	use given in Pert i.	23b. Did	tobacco uee co	ntributa to the	e cause of death?
- 22		Organic Brain Syn	ndrome				10	Yee 2 No	3 Probab	ly 4 💢 Unknown
res tha	þ	organic brain by	Id I Ome							
v requires been sign should be	Completed						24e. Wes	an autopsy ormed?	evalial	autopsy findings ble prior to
e law r has b	pid						-		of dee	etion of cause th?
The late he page	ě						1 🗆	Yes 2 No	1 🗆 Ye	es 2 No
vician: The cardificate rector, pag	Be	25. Wes case referred to medical				26. Plece of D	eeth (Check only			
Physician: The law requires this cardificate has been signeral director, page 2 should be	To	examiner? 1 ☐ Yes 2 🛣 No	Hospitel:	2 ER/Outpat	ient 3□ DO	Other	Home 5 ☐ Resi		er (Snecify)	
Phys eral dis		27. Menner of Deeth	28a. Dete of Injury (Month, Dey Year		of 28	3c. Injury et Work?	-	how Injury occur		
tending Pheath.  Ior: After the	유	1 Neturel 5 ☐ Pending investigation	(Month, Dey Year	r) Injury	м	Work? 1 ☐ Yes 2 ☐ No				
or Attending after death.  Director: After d in by the fune	100	3 ☐ Suicide 6 ☐ Could not be	28e. Place of injury - A	At home, ferm,	street, factory,	office	28f. Location (	Street and Numb	er or Rural Ro	oute Number,
2 4 4 5	Certification:	4 Homicide	building, etc. (Spe	ecify)			City or To	wn, Stete)		
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29e, Certifier 1 X Certifying Phy	eician: To the best of my i	knowledge, de	eth occurred e	t the time, dete and pla	ca, end due to the	ceuse(s) end me	nner as state	d.
in 24 the Fi		0.10)	ner: On the basis of exam end menner steted	mieuon and/or	mivestigetion,	in my opinion, deeth oc	curred et the time,	dete end placa,	srid due to the	cause(s)
To To t	Σ	29b. Signature and stress centifier	V2)/-	1	29c.	License number		29d. Dete signe	d (Month, Dey	Year)
1		MANY	1/2/	111110		D01120		Decembe	r Q 1	996
u		30. Neme and eddress of person who co	empleted cause of death (	Item 23e) (Typ	e, Print)	201120		Decembe	- J, I	,,,,
		Walter E. Goozh, M				d, Wheaton	Marvia	nd 2090	2-1825	
S	ate	31. Dete file Pronty Day, Year)	32. Registrer's Si			, micacon	, mary ad	14 2000		(0.15%)
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene Q 6

Physician		1. Decedent's Neme (First, Midd		J T		rtificate of	Death	2. Date of De Month	Dev	Yeer	ime of Deeth			
/Medica	ıī .		Richar		Nonn			Decemb	er 12, 1	1996	0430			
Examine	r	4e. Fecility Neme (If not institution 1632 Appleton		ber)			4b. City, Town, or L Elkton	ocation of Deeth	4c. County					
uneral lirector		5. Sociel Security Number  216-01-7689  Usuel Residence of Decedent	6. Sex 7 1 X M 2 □ F	Age (In yrs.	last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, De Jan. 20	y, Yeer) 0, 1913	9. Birthplace (Country) Maryla	State or Fore			
Mo w	- 1-	10e. State 10b. County	,	10c. Ci	ty, Town or Lo	ocation				10d. In:	side City Lim			
28a-f ahow	101	Maryland Cecil	L	E1k	ton						Yes 2 🗓			
r tems 23a or 28a-fa	al Dire	10e. Street end Number 1632 Appleton	Road			10f. Zip Code 21291	4		10g. Citizen of W	What Country?				
other traumetic event, the Mexical Examiner must be notified at other traumetic event, the Mexical Examiner must be notified at To Be Completed by Finneral Director	by rune	11. Marital Stetus  1 ☐ Never Married 2 ☒ Marr 3 ☐ Widowed 4 ☐ Divorced	If Yes Give	es? & No			lispenic Orlgin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		a - American Ind k, White, etc. : White	llen,			
t, the Mexical Exart Completed by	inpiered	15. Deceder (Specify only highe Elementary/Secondery (0-12)	nt's Education st grade completed)  College (1-4	or 5+)	(Give		netion during most of work d)	ing	16b. Kind of Bu					
of, the		17. Fether's Neme (First, Middle,	Last)		FOI	eman	18. Mother's Nam	e /First Middle	Auto Ma		ring			
ls marked our aumatic ever	0	Richard							rederick					
ema Temp		19e. Informent's Neme/Reletions	ship (Type, Print)		19b. Mailin	ng Address (Street	and Number or Rur	al Route Numbe	er, City or Town,	Stete, Zip Code,	)			
n 27 l er tr		Rosalee G. Non	n - Wife		1632	Appleton	n Road -	Elkton,	MD 219	21				
Important: If Item 27 is any injury or other tra once.	1	1 Buriel 2 ☐ Cremation		12-14 1996 Elkton, Maryland										
Importa any inju		Cilain Manage Value 1 D												
for use es the buriel-trensit establishment.		diseese or condition resulting in deeth)  Sequentlally list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last	e	Due to (c	uenca of):  MCFS  uenca of):  uence of):	anes S Cliseage +								
d for	-	Pert II Other elanificant condition	une contributing to don't	h but not son	ulting in the w	adadulaa aassa abs	en la Best I							
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should should									en eutopsy med?	24b. Were eut availeble completic of deeth?	prior to in of cause			
20 5								1 🗆 Y	es 2□No	1 ☐ Yes	2□ No			
r, page 2		25. Wes case referred to medical exeminer?	Hospital:			_ Othe	26. Place of Deetl	- /						
rector Be	1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursi						/ et		enca 6 Othe ow injury occurre					
rector Be		2 ☐ Accident investig		be on Diversity Add of				28f. Location (Street end Number or Rural Route N City or Town, State)						
rector Be			ined 286. Piece of	etc. (Specify				piace, and due to the ceuse(s) and menner as stated.  n occurred et the time, date end piece, and due to the cause(						
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No Funeral Director: After this certific pletely filled in by the funeral director edical Certification: To Be	2	2 Accident investig Sulcide Could redeem  29e. Certifier (Check only one)	g Physician: To the be Examiner: On the basis	etc. (Specifi st of my knows of examine	wledge, deeth lion and/or inv	estigetion, in my op	olnion, death occurr	ed et the time, o	late end piece, a	nd due to the ca				
rector Be	2 2 3	2 Accident investig Sulcide Could redeem  29e. Certifier (Check only one)	g Physician: To the be Examiner: On the basis end menner who completed cause of	etc. (Specify st of my know of examiner steted.	ion and/or inv	29c. License	e number	ed et the time, o	late end piece, a	nd due to the ca				

DHMH 16 Rev 6/95

				Maryland / De <i>C</i>	partment of			giene Reg. No.	96 39	103		
Physici /Medi		Decedent's Neme (First, Middle, JAMMINE		DANYELL	NAN	ICE	2. Dete of Dec Month DEC •	Day	96 9:2	of Deeth		
Examir	ner	4e. Fecility Neme (If not institution, g PRINCE GEORGES				4b. City, Town, of CHEVER	r Location of Deeth LY	4c. Count		SES		
,Funeral Director		5. Sociel Security Number 577 - 96 - 2821  Usuel Residence of Decedent	. Sex 7. 102°M 2□ F	Age (In yrs. lest birthda 20 Yrs.	Months De			h 176	9. Birthplece (Stett Country) CHEVERLY	e or Foreig		
with the Maryland a or 28a-f show Le notified at	ctor	10a. Stete 10b. County	G.	10c. City, Town or LANZ	Location					City Limits		
23a or 24	Funeral Director	10e. Street end Number 757	TH AVE		10f. Zip Cod	785		10g. Citizen of	Whet Country?			
hours after death virial; or items 23	þ	11. Maritel Stetus  1  Never Married 2  Married 3  Widowed 4  Divorced	12. Was Decede Armed Force 1	No	3. Was Decedent of If Yes, specify C	of Hispenic Origin? (uben, Mexicen, Pue	(Specify Yes or No- orto Rican, etc.)	14. Rei Ble Specif	ce - American Indien, ick, White, etc.			
within 72 ene. then "net	Completed	15. Decedent's (Specify only highest of Elementary/Secondery (0-12)	Education grede completed) College (1-40		cedent's Usuel Occ ve kind of work do b. DO NOT use ret LNEM PL	cupetion ne during most of w irred)	rorking	16b. Kind of B	usiness/Industry			
ould be filed Mental Hygi arked other atic event, II	To Be Co	17. Fether's Neme (First, Middle, Le KENNETH E	ARL NA			18. Mother's No	eme (First, Middle,	Meiden Sumer				
permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 is marked other any Injury or other treumatic event, once.				R 323	7-75 TH,	AVE., LAN	Purel Route Numbe	MD, 2	0785			
permit. Pages 1 of He Department of He Important: If Item any Injury or other paces.		VATRICIA NANCE MOTHER   3237-75TH AVE. LANDOVER, MD. 2078										
permit. Departr Importu any Inji		Jary	, Ce.	reces	4925-NI	4. BURROU	IGHS AVE,	, NIE, L	UASH., D.	2,200		
Physician /Medical Examiner		23e. Part1. Enter the disease, or co shock, or heart feilure. List onl Immediate Cause (Finel disease or condition resulting in deeth)		shot h	round	bying, such es cerdi	ec or respiretory eri	rest,	Approxim Interval B Onset en	etween		
uted d ansit	Examiner		b. ———	Due to (or es e cons					1			
ate be executed hysician and the burial-transit	ical Exa	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	С	Due to (or es e cons	equence or):							
0 0 0	8	resulting in deeth) Last	d	Due to (or es e cons	equence of):							
the cachec	Physician/M	Part II. Other aignificant conditions	contributing to death	but not resulting In the	underlying ceuse	given in Pert I.			ntributs to the cause			
w requires that the been signed by the should be detached	þ						1 U Y		3 □ Probably 4[			
hes by	Completed						24e. Wes a perfor	med?	24b. Were autops; evailable prio completion of of deeth?	r to f cause		
ysician: The	Bec	25. Was cese referred to medicel examiner?				28. Place of De	eth (Check only or		19 Yes 2	No		
hy his	2	1 Yes 2 No	Hospitel: 1 Nnpa		BIIL SEL DON		Home 5 ☐ Reside	ence 8 🗆 Oth	er (Specify)			
Attending P ir death. ector: After t by the funera	Certification:	27. Menner of Deeth  1 Netural 5 Pending 2 Accident Investigetk 3 Suicide 6 Could not	2	ley Year) Injury	2 M 1	Yes 27No	28d. Describe he	- she	4			
		4 PHomicide determined	building,		or		6115 0	(d Con				
ne Hospital on 24 hours e	edical	29e. Certifler (Check only one)  1☐ Certifying P 2☒ Medical Exa	hyelcian: To the bes miner: On the besis end menner:	t of my knowledge, dee of exemination and/or i stated.	eth occurred et the investigetion, in my	time, dete and plec opinion, deeth occ	e, end due to the courred et the time, d	euse(s) end ma ete end plece,	nner as stated. end due to the cause	r(s)		

To the Hospitumihin 24 hours

State Registrar DEC 11 19

29b. Signeture end title of certifie

r) 32 Pendstrar's Signeture

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29d. Dete signed (Month, Dey, Year)

DECEMBER 05, 1996

29c. License number

O.C.M.E.

State of Maryland / Department of Health and Mental Hygiene

Certificate	of Dooth	
Cerunicale	ul Dealli	

**Physician** /Medicai **Examiner**  3. Time of Death 9:35 AM

1 Yes 2 No

Approximate interval Between Onset and Deeth

Ves 2 No

, Funeral Director

with the Maryland 28a-f show traumatic event, the Medical Examiner must be notified at 238 Nems 2 filed within 72 hours efter 9 "natural", Pages 1 and 2 should be filed within ant of Heelth and Mentel Hygiane. Int: If Item 27 is marked other than any or other traumatic event, the Menty of the M

Be

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

State

Registrar

21215-0020

Maryland

Baltimore,

**Physician** /Medical Examiner

permit. Pege Depertment of Important: If any Injury or once.

The law requires that the death certificate be executed buriel-transit physician s the buriel Division of Vital Records, P.O. Box 68760. signed by the eld be deteched for peed certificate or Attending Physician: this After deeth. Director: / after To the Hospital o within 24 hours aff To the Funeral Di completely filled in

1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month Year KENNETH SHERMAN NORRIS DEC.06,1996 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death CUTSTONE & BALBOA DRIVE SILVER SPRING MONTGOMERY 5. Social Security Number If Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Deys Months 1 DM 2 □ F Yrs 577-42-1052 63 DEC 4, 1933 WASHINGTON. DC Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director MARYLAND MONTGOMERY SILVER SPRING 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 14445 JAYSTONE DRIVE 20904 U. S. A. by Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 11. Merital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Kres 2 □ No 6-3-57 If Yes, Give Year or Dates: 11-30-87 1 Never Married 2 Married 1 ☐ Yes 2 No 3 □ Widowed 4 □ Divorced Specify: BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) YRS. SOLDIER U. S. ARMY 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) CHAMPION HAYES NORRIS THEODOCIA SAMPSON 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) CAREN E. NORRIS - DAUGHTER 14445 JAYSTONE DR. SILVER SPRING, MD 20904 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burlal 2 Cremation 3 Removal from State URLINGTON NATIONAL CEM. 12/17/9 ARLINGTON. VA 4 ☐ Donation 5 ☐ Other (Specify) PINCKNEY-SPANGLER FUNERAL HOME mekuly 524 - 8TH ST., N. E. WASH., D. C. 20002 Pert1. Enter the disease, or complications that caused the death. To not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Immediete Cause (Final HYPOTHERMIN · ENVIRONMENTAL disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ALZITEI MER'S 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was an eutopsy performed?

25. Was case referred to medical 1 X Yes 2 No 27. Manner of Death

5 Pending

investigation 6 ☐ Could not be determined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28b. Time of 28a. Date of injury (Month, Day Year) UNK

Other: 4 Nursing Home 5 Residence 6 Rother (Specify) SCENE 28c. Injury at Work? UNK 1 Yes 2 No 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

26. Place of Death (Check only one)

EXPOSAD TO COLD TEMPERATURE 281. Location (Street and Number or Rural Route Number, City or Town, State) ausson BM BLUBOD MONTY OLENYLO

NO Yes

28d. Describe how injury occurred

2 No

29a. Certifie (Check only one)

1 Natural

2 Accident

3 Suicide

4 Homicide

1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as steted.

2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

29b. Signature and title of certifie

OCME

29d. Date signed (Month, Day, Year) DEC.07,1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) A. KOREW

ARIDATA 31. Date filed (Month, Day, Year)

DEC 1 0 1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death Physician 11:26 Am 199 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 9. Birthplace (State or A reign Country)
N • C • Examiner MARY ANO 181 If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 6 Sex 8. Date of Birth (Month, Day, Y MAR 22 , Funeral M 2□ F Hours 577 12 0537 Yrs. 81 Director 1915 Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits 28a-f show traumatic event, the Medical Examiner name be notified at P.G. MD. 1X Yes 2 □ No Director OXON HILL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1415 COLONY ROAD 20745 USA Items 23a by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 ŏ 1 ☐ Yes 2 X No Specify: Specify: BLACK 3 Nidowed 4 Divorced natural Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry is marked other than Elementary/Secondary (0-12) College (1-4or 5+) FED. GOVT. STEAM ENGINEER 12 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Peges 1 and 2 should be ALONZO C. NORTHINGTON MARY P. JOHNSON 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) rtment of Health a rtant: If item 27 is niury or other tra GALE NORTHINGTON 1415 COLONY RD. OXON HILL, MD. 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other plants) 20c. Location - City or Town, State Date cemetery, crematory or other place)
LINCOLN MEM. CEM. 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 12/10/96 SUITLAND, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility WATSON F. H. INC. 3435 14th ST., N.W. 20010 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, other failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Coagulopathy P.O. Box 68760, attending physician Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. the 23b. Did tobacco usa contributa to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings evaltable prior to completion of ceuse of death? Be Completed 24a. Was an autopsy has /typesteurion
25. Was cese referred to medical certificate 2 No 1 Yes 1 TYes 2 No for Attending Physician: efter death. 26. Place of Death (Check only one) examiner? Hospital: 1 Mnpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Magner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? After 1 Natural 5 Pending investigation To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: All completely filled in by the fu 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlelde 29a. Certifier (Check only one) to certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 30. Name Inton, M1) 20 735

State Registrar 31. Date filed (Month, Day, Year) DEC 0 9 19

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** December 6, Judith E. Newhouser 1996 6:00 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Deeth Manor Care Potomac Potomac Montgomery 5. Social Security Number 7. Age (In yrs. lest birthday) if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funerai** 1□M 2X F Months Days Hours Yrs. March 8, Director 57 1939 265-64-3366 Canada Usual Residence of Decedent the Manyland show 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits other traumatic event, the Medical Examiner naust be notified 1 ☐ Yes 2 No Director Maryland Montgomery Kensington 288-1 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? or items 23s or 20895 3511 Perry Avenue United States Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify. 3 Widowed 4 Divorced Year or Dates white "netural". Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry and Mental Hygiena. Is marked other than Elementary/Secondary (0-12) Coilege (1-4or 5+) 6 Administrater University permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Gordon Edwards Valerie Coulter 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Nina Newhouser 5308 North Glenwood Avenue, Chicago, Illinois 60640 20a. Method of Disposition 20b. Placa of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 12-7-96 Beltsville, Maryland 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland anol a ) el 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate tnterval Between Onset and Deeth **Physician** /Medical Immediete Cause (Final Emphysema diseese or condition resulting in death) years Examiner Due to (or es e consequenca of): Physician/Medical Examiner Sequentially tist conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet Initiated events resulting in death) Last the burial-tran and Due to (or as a consequence of): attanding physician for use as the buria Box 68760 certificata be Due to (or as a consequence of) The law requires that the death Records, P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. the 23b. Did tobacco use contribute to the cause of death? à 1 Yes 2 No 3 Probably 4 Unknown Rheumatic heart disease þ Completed 24b. Were autopsy findings available prior to 24a. Was en eutopsy completion of cause of death? has page 2 certificate 1 Yes 2 No 1 Yes 2 No Division of Vital Hospital or Attending Physician: director. 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Menner of Deeth Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No ours after death. Meral Director: A filled in by the for 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide 24 hours a 29e. Certifier (Check only one) Medical 🔀 Certifying Physictan: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) and manner es steted. To the Hosp within 24 hor To the Fune completely fi 2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner stated. 29b. Signature end title certifie 29c. License number 29d. Date signed (Month, Dey, Year) DC 19202 December 7, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Scott Cohen, M.D. 5454 Wisconsin Avenue #1125, Chevy Chase, Maryland

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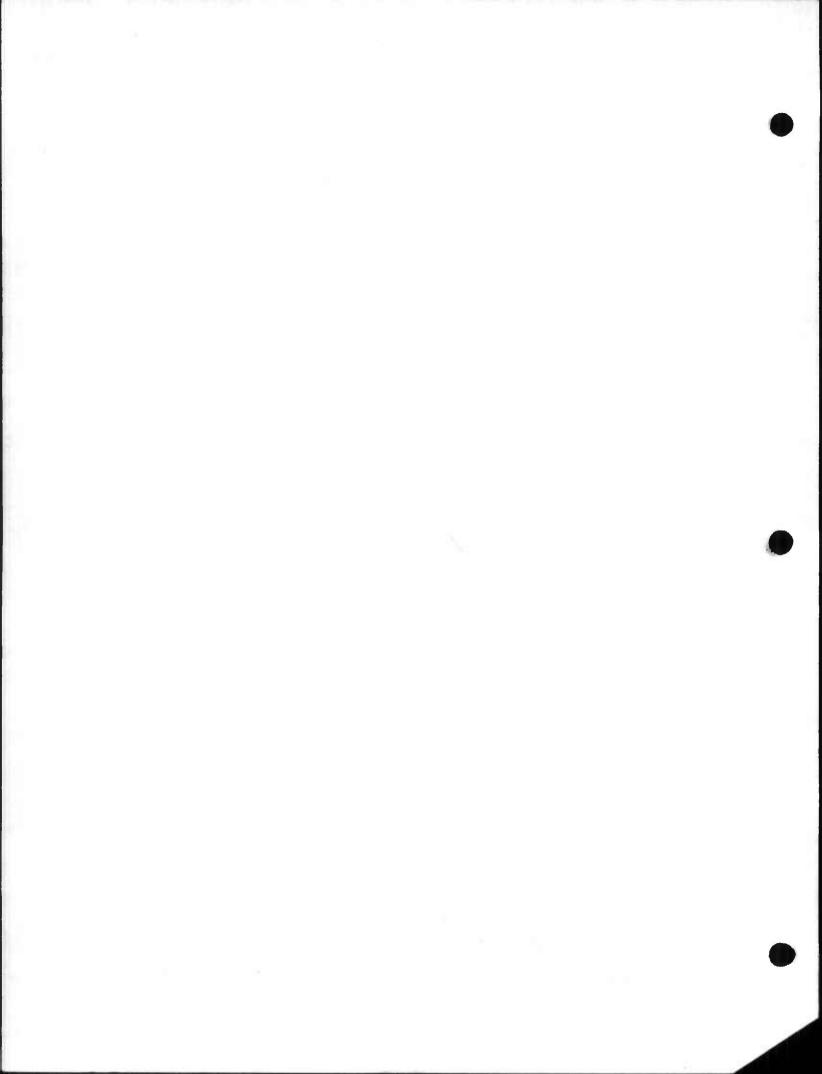
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State of Maryland / Department of Health and Mental Hygiene 96

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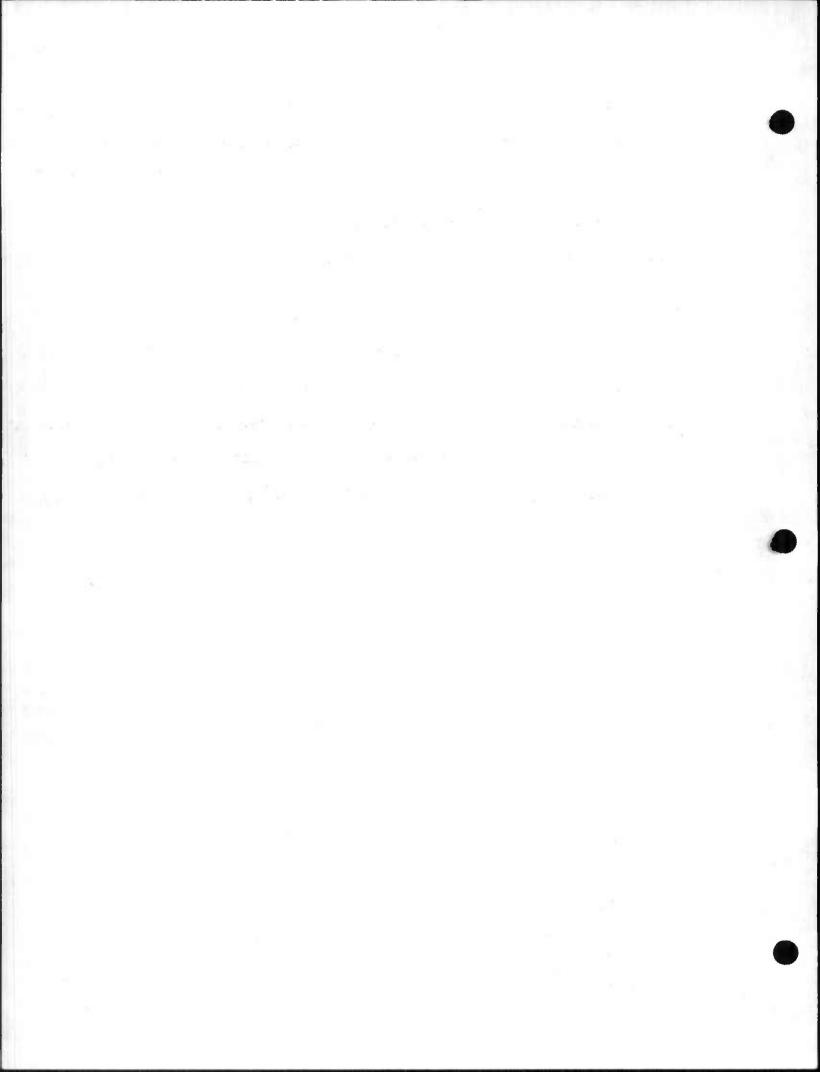


State of Maryland / Department of Health and Mental Hygiene 9 b Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month 195 CLDS DOHN (0 1996 Dec /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3621 Chorley Woods Way Silver Spring
If Under 1 Year | If Under 24 Hrs. | 8. Dail Montgomery 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1XM 2□ F Days Hours Min. Yrs. 80 Director 532-07-1929 23, 1916 Wenatchee, WA Usual Residence of Deceden tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits na 23a or 28a-f show mant be notified at Director 1 ☐ Yes 2 No Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Нете 23а 3621 Chorley Woods Way 20906 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours aftar 1 ☐ Never Married 2 ☐ Married 1 MYes 2 □ No If Yes, Give Year or Dates: WWII Baltimore, Maryland 21215-0020 0 1 ☐ Yes 2 🗓 No by 3 X Widowed 4 □ Divorced Specify: "natural", White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiana. other than "n Elementery/Secondary (0-12) College (1-4or 5+) 12 Agent F.B.I. 4 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pagas 1 and 2 should be filment of Haalth and Mental Hant: if item 27 is marked out Jay T. Olds Ethel Fry 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) James R. Olds/Son 4064 Huerfano Ave., Num. 256, San Diego, CA 92117 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ABurial 2 Cremation 3 Removal from State ò permit. Page Department of Important: If any injury or 900ce. 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans 12/09/96 Cheltenham, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spg., MD 20901 23a. Part1. Enter the disease, or complications that can sed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on such line. Physician /Medical Immediate Cause (Final diseese or condition resulting in death) **Examiner** Due to (or as e consequence of) Examiner The law requires that the death certificate be axecuted physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of): 88 signed by the aid be datached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy paga 2 s 1 Yes 2 No 1 Yes 2 No Division of Vital Hospital or Attending Physician: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 XYes 2 ☐ No Other: 4 Nursing Home 5 Realdence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA completaly filled in by the funaral 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? After 1 Natural 5 Pending Investigation 1 Yes 2 No death. 2 Accident after death Director: / 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) To the within 2 To the 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) D08546 Dac 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) WIZMO 21 CD 8128 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State DEC 0 9 1996

Mia Davidson

Registrar



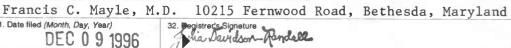
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State Registrar

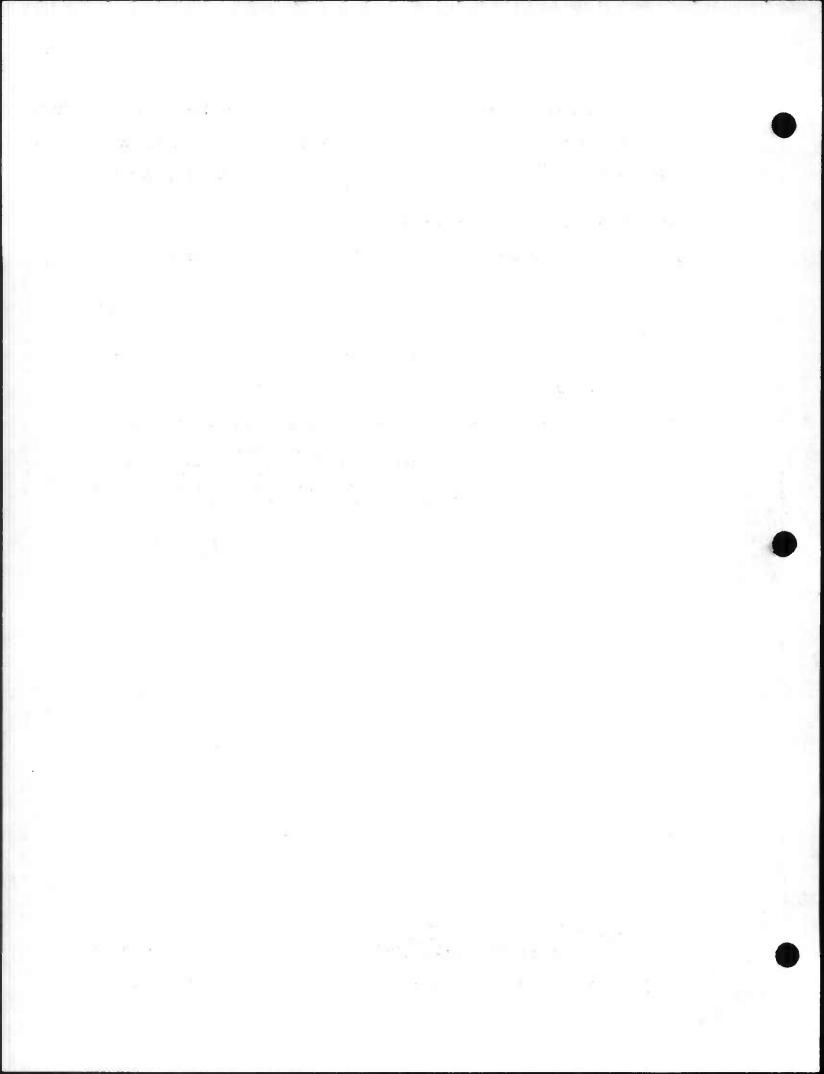
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29d. Date signed (Month, Day, Year) December 3, 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month MARY **Physician** 1996 A. O' DONOGHUE December i 17:20 PM /Medical 4a. Fecility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Suburban Hospital Montgomery Bethesda 5. Social Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2 KF Days Hours 93 Yrs. Director 577-56-3182 Sept.7,1903 Washington, DC Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5215 Cedar Lane U.S.A. Funeral 20814 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☑No Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Black, White, etc. 11. Maritai Status 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 If Yes, Give Yeer or Dates: 1 ☐ Yes 2 X No Specify: þ Specify: 3 Widowed 4 Divorced white Completed 15. Decedent's Education 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Peges 1 and 2 should be filted withir nent of Health end Mental Hygiena. nt: If ftem 27 Is marked other than Coilege (1-4or 5+) Elementary/Secondary (0-12) librarian D.C. Public Library 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Patrick O'Donoghue Mary Fagan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine T. Flynn/niece 3101 N. Dinwiddie St., Arlington, Va. 22207 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Daurial 2 Cremation 3 Removal from Stete permit. Pege Depertment of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery Dec. 5,96 Silver Spring, Md. 21. Signeture of Femeral Servica Licani 22. Name and Address of Facility
DeVol Funeral Home 2222 Wisconsin Ave., N.W., Wash., DC 20007 er the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heer failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final ABDOMINAL ADRTIC ANEURYSM 12 HOUZS disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner physician and s the buriel-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 10N6 3 Probably 4 Unknown should be date Records, by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? 1 Yes 2 No certificata 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: After this certifica completely filled in by the funeral director; Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending 1 XNaturai investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Phyaictan: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. edical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) - Z033Z December 2, 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 9715 Medical Center Drive, Rockville, MD 20850 H. Varney, mo 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State Lika Davidson DEC 0 9

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day Walter M. Oakes December 4, 1996 8:55PM 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Rockville Nursing Home Rockville Montgomery If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10XM 2□ F Months Deys Yrs. 86 579-07-9831 Virginia Feb. 28, 1910 Usual Residence of Deceden 10b. County 10c. City. Town or Locetion 10d. Inside City Limits 1 Yes 2 No Maryland Montgomery Bethesda 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 4412 Chestnut Street 20814 United States 12. Was Decedent Ever in U,S. Armed Forces?

1 XYes 2 No If Yes, Give World Year or Dates: War II Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Never Merried 2 Merried 1 Yes 2 XNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Plumber | Plumbing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Roy Ernest Oakes Jane Lee Baxter 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

20b. Placa of Disposition (Name of cemetery, crematory or other place) December 7, 1996

Parklawn Memorial Park

M00831 22. Name and Address of Facility

whence

Due to (or as a consequenca of)

a Cardiac Arrest

1309 Westbrook Avenue, Richmond, Virginia

Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc.

7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501

23227

Approximate Interval Between Onset and Death

20c. Location - City or Town, State

29d. Date signed (Month, Day, Year)

December 5, 1996

Rockville, Maryland

permit. Peges 1 end 2: Department of Health er Important: if Item 27 Is any Injury or other trau **Physician** /Medical

**Physician** 

/Medicai

10e State

Examiner

Funeral

Director

rai', or items 23s or 28s-f show

natural

I Hygiene.

of Health and Mental Hygie Item 27 Is marked other to other traumatic event.

Peges 1 and 2 should be in ment of Health end Mental I sot: If item 27 Is marked or

The Medical

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Funeral

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filed within 72 hours efter

21215-0020

Baltimore, Maryland

Examiner

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The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

of Vital Physician:

Division Attending

Examiner use es the bunel-tran Physician/Medical signed by the 2 page 2 should Completed Be 70

Certification: Medical

Completed Be 2 19a, Informent's Neme/Relationship (Type, Print) Robert A. Almond / nephew 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee Darbara 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in deeth)

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vi Director: An.

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To the Hospital o within 24 hours af To the Funeral Di completely filled li

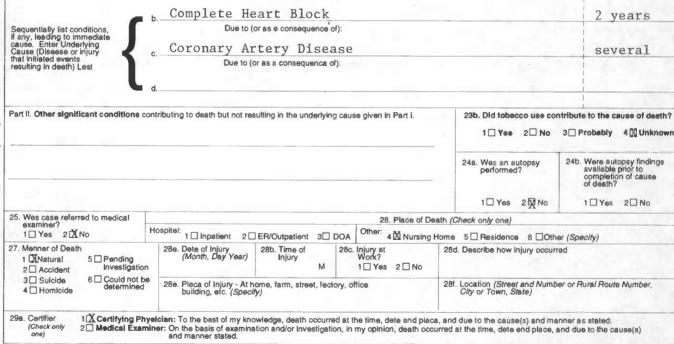
State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signature end title of certifier

31. Dete filed (Month, Dey, Year)

Ramleth Shakir, M.D.



29c. License number

D27830

9019 Shady Grove Court, Gaithersburg, Maryland

32. Registrar's Signature Na Savidson

DHMH 16 Rev 6/95

#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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						Certi	ficate of	Death		Reg. No.	20	03112
П	Division		1. Decedent's Neme (First, Middle, L	ast)					2. Dete of De	eth Dey	Year	3. Time of Death
	Physici /Medi		Lucille C.	Paulson						r 10, 1		10:30 PM
	Examir		4a. Facility Name (If not Institution, g	ve street and number)				4b. City, Town,	or Location of Death	4c. County	of Death	
			Brooke Grove 1						Olney		gomer	2
	Funeral Director		5. Social Security Number 6. 214-74-4310  Usual Residence of Decedent	Sex 7. Ag	ge (In yrs. last bii 104		If Under 1 Yeer Months Deys		Hrs. 8. Dete of Bir Min. (Month, De May 30	y, Year) , 1892		elece (Stete or Foreign stry) Land
	and in		10e. Stete 10b. County		10c. City, Tow	vn or Locat	tion				1	0d. Inside City Limits
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	In with the Maryland 23a or 28a-f show ast be notified at	ai Director	10e. Street end Number 14801 Pebblesto	one Drive			10f. Zip Code 209	05		10g. Citizen of U	Whet Cour	ntry?
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Saltimore,	-196		20e. Method of Disposition  1  Buriel 2 Cremetion 3  4  Donetion 5 Other (Special Control of Contro		cemete	ery, cremet	on (Neme of tory or other ple an Crem		Dete 12/11/96	20c. Location		wn, State Virginia
Balti	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Funerel Service Lice			Fran	lame end Addre	Collin	s Funeral	Home,	Inc.	
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Box 68760,	E 0.0	n/Medical	thet Initiated events resulting in death) Last	d	Due to (or es e	consequer	nce of):					
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ita	Physician: The rhis certificate ral director, par	Be (	25. Wes cese referred to medical examiner?					26. Plece of	Deeth (Check only of	ne)		
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Division	5 분 등 드	Certification:	3 ☐ Suicide 6 ☐ Could not determine	288. Piece of inj	ury - At home, fe c. (Specify)	erm, street	, fectory, office		28f. Location (- City or To		ber or Rura	Il Route Number,
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	5		30. Name and address of person who Robert Rews		leeth (ttem 23e)	(Type, Pri	nt)	r, T-	127 -1-	m, re	0 7	20852
	Sta Registr		31. Dete filed (Month, Dey, Year) DEC 1 3 199	32 Registr	are Signetures	Bindage	6	•				

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Maryland Montgome		y, Town or Loca Ockville	2				10d. Inaida City Limit
10e. Straat and Number  719 Monroe Street,  11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	#201  12. Was Decedant Evar in U, Armed Forcas?  1  Yas, Give Yar, Give Yar or Datas:			Hispanic Origin? ban, Maxican, Pu Specify:		United  - 14. Rac Black Specify	States Se - Amarican Indian, ck, Whita, atc.
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Part II. Other significant conditions con	tributing to death but not resu	ulting in the und	arlying causa g	ivan in Part I.			ntribute to the cause of death
							24b. Were eutopsy findings available prior to complation of causa of death?
axaminar?	4100			26. Placa of D	V .		1 Stes 2□ No
XXVas 2□ No	28a. Data of Injury  (Month, Day Year)  28b. Place of Injury - At ho	28b. Tima of Injury L	28c. Inju	iry at ork?  Yes 2/2/No	28d. Dascribe Self Inf 28f. Location (	how injury occur in ted gu Street and Numb	er or Aural Aouta Number
29e. Certifier 1 Certifying Phys (Check only one)	Ician: To the best of my knowner: On the basis of examinational and mannar stated.	wiedge, deeth or ion and/or invas	ccurred at the ti stigetion, in my	ime, deta and ple opinion, death oc	Rock Vi	causa(s) and ma	nnar as stated.
29b. Signatura and titla of cartifiar	& Christoma		100				d (Month, Day, Year)
	1 Navar Marriad 2 Married 3 Widowed 4 Divorced  15. Decedant's Edu (Spacify only highast grad  Elementary/Secondary (0-12)  17. Fathar's Nama (First, Middla, Last)  Roberto Palma  19a. Informant's Neme/Raiationship (Ty Zulma Gutierrez,  20a. Mathod of Disposition 1 Burial 2 XCramation 3 F 4 Donation 5 Other (Specify)  21. Signature of Funeral Service Joense  23a. Par Enter the chassa, or complishment, or haar feithers. List only or  immediate Causa (Finai disease or conditions resulting in death)  Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  25. Was casa referred to medical examinar?  XX as 2 No  27. Manner of Death 1 Netural 1 Netural 2 Note of Could not be determined  29a. Certifier (Check only one) 2 Medicat Examinary Chasse (Disease) 1 Could not be determined  29b. Signature and title of cartifier  30. Nama and address of person who could not be determined	Armed Forcas?    Navar Marriad   Divorced   Sea    1   Navar Marriad   2   Marriad   1   Yas, 2   No Yaar or Datas:   16a. Decedant's Education (Specify only highest grade completed)   16a. Decedant's Education (Specify only highest grade completed)   16a. Decedant's Education (Specify only highest grade completed)   17. Father's Nama (First, Middla, Last)   17. Father's Nama (First, Middla, Last)   17. Father's Nama (First, Middla, Last)   18. Informant's Nemer/Raiationship (Type, Print)   18. Informant's Nemer/Raiationship (Type, Print)   18. Mailing   20. Mail	1   1   1   1   1   2   1   1   2   2	1   Navar Married   2   Married   1   Navar Married   1   Na	Tower warmed   A Devocade   Tower   Tower	If   Never Married   Mar	

State Registrar

Dennis J. Chute MD

31. Data filed (Month, Day, Yaar)

32. Registrar DEC 0 9 1996

Jalia Savidson-Randoll

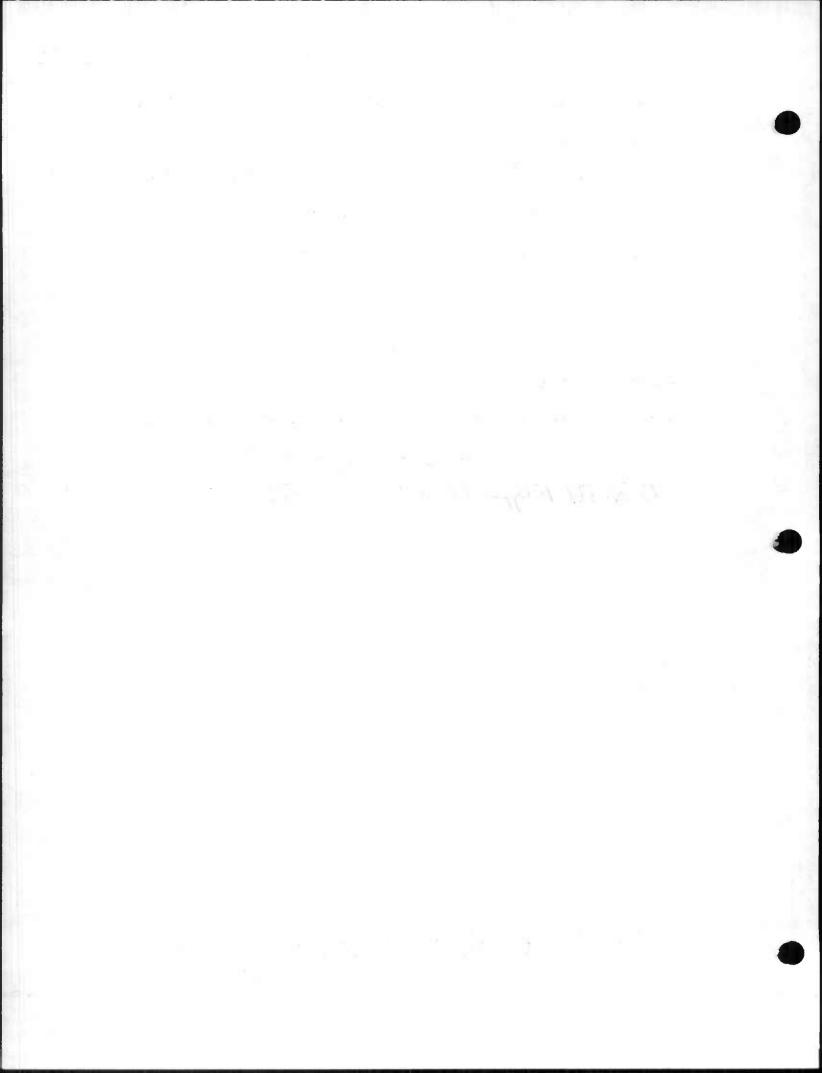
101900	# >	P.G.C. 12-10- 1. Decedent's Name (First, Middle			Cert	ificate of	Dealli	2. Date of De			3. Tir	ne of Leath
Physici /Medic		LEONA MARIE ALEXA						Month 12	Day 1	1996		CFM
Examin	ner	4a. Facility Nama (If not institution 5407 HACKFORD CT	i, giva street and num	ber)			4b. City, Town, or Le CAPTIOL HE			County of D		
Funeral Director		5. Social Security Number 578 36 8230	6. Sax 7 1 ☐ M 2 ☐ F	. Aga (In yrs. le 68	est birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bi (Month, D 6 17 1		9.	Birthplace (Si	92 last
		Usual Residence of Decedent  10a. State 10b. County		10c. City	, Town or Loca	ation					10d. Insi	de City Lim
H sho	tor	MD PRINCE	GEORGES	CAPI	TOL HEIG	HIS						Yas 2
or 284	Oirec	10e. Street and Number				10f. Zip Coda			10g. Citi	zen of What	Country?	
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em si		19a. Informant'a Name/Relations	nlp (Type, Print)		_		end Number or Rur			r Town, Stat	a, Zip Code)	
Heer ther to		BEVERLY S BROOKS  20a. Method of Disposition		20h Pl	1014 ME ace of Disposit		CAPITOL HEI	CHIS MD 2		cation - City	or Town, Sta	to
Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exa once.		1 Burial 2 Cremation 4 Donation 5 Other (S)		ce	matery, creme	REMATORY		9 1996		DALE MA		
Import any in		21. Signature of Funeral Service	Licensee Cu	of for			SER FUNERAL TREET N.W. 1		ON D C	20011		
Medical and and street transit the private transit tra	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury	a	Due to (or	as a conseque	ence of):	Coucl					
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death. stor: After this y the funeral di	ation: To	27. Manner of Death  1 Natural 5 Pending 2 Accident Investig			R/Outpatient 28b. Time of Injury	28c. Injur	4 LI Nursing Ho	me 5/2/Res 28d. Describe		3 □Other (S y occurred	ipecify)	
Dire	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determi	nort ZOE, Place O	f Injury - At hor i, etc. <i>(Specify)</i>	ne, farm, stree	t, factory, offica		28f. Location ( City or To	(Street and wn, Stete)	d Number or )	r Rural Routa	Number,
within 24 hours a To the Funeral ( completely filled	Medical	29a. Certifier (Check only one) (Check only one) (Check only one)	Physician: To the be examiner: On the bes and manne	is of examination	ledge, deeth o	ccurred et the tin stigetion, in my o	ne, date and plece, pinion, death occurr	and due to the red at the time,	cause(s) dete end	and manner place, and	r as stated. due to the cau	180(3)
Toth	M	29b. Signature and title of depthism	Sail	ols		29c. Licens	P605		29d. Dat	1819	Day, Ye	ar)
3/	*	30. Name and address of person	who completed cause	of death (Item	23a) (Type, Pr 8926 T		OAD CLINION	MARYT AN	ID 207	35		
		244. 111.	4 . 4					A THEFT AND	D 201.			

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State of Maryland / Department of Health and Mental Hygiene Q 6 20115

						Certificate (		Re	eg. No.	0	09110
	nyslcia Medic		Decedent's Nama (First, Middle, Last     GRACE SHAHA	•		PRICE	2	2. Date of Deetl	Davi	Year	3. Time of Death  10:05 AM
	xamin		4a. Facility Name (If not institution, give MEMORIAL HOS.)				4b. City, Town, or EASTON	Location of Death	4c. County		
Dire	neral ector		5. Social Security Numbar  218-20-2872  Usual Residence of Decedent	x □M 2XF 80	(In yrs. last birth Y		aar If Under 24 Hrs ays Hours Min		Year) ,1916		ace (Stata or Foreign ry) LAWARE
the Maryland	(fied at	ctor	10a. State 10b. County	LBOT	IOc. City, Town		ASTON			10	od. Insida City Limits 1 ☐ Yes 2 XNo
72 hours after death with the Maryland naturel: or frems 23a or 284-f show	25	eral Director	10e. Street and Number  9529 OCEAN GATE		anda M.C.	10f. Zip Coo	21601		Og. Citizen of W		
72 hours after dea	Examiner	by Funeral	11. Marital Status  1 Never Married Married  3 Wildowed 4 Divorced	12. Was Decedent Ev Armad Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas:	er in 0,3.	if Yas, specify (	of Hispanic Origin? ( Cuban, Mexican, Puer No Specify:	to Ricen, atc.)		- America k, White, a WH	
within ene.	The Me	Completed	15. Decedent's Edu (Specify only highest gred Etementary/Secondary (0-12)	cation e co <i>mpleted)</i> College (1-4or 5+)	-	Decedent's Usual Oc Give kind of work do life. DO NOT use re OMEMAKER	one during most of wo tired)	erking 1	6b. Kind of Bus	siness/Indu	
tal fill doth	traumatic svant,	To Be C	17. Father's Name (First, Middle, Last) MELVILLE SHAHA	AN			18. Mother's Ne	me (First, Middle, M	leiden Sumeme		
M 2 nd 2 lith ar 27 ls	r trau		19a. Informant's Name/Relationship (Ty OWEN S. PRICE/	HUSBAND	952	29 OCEAN	reet and Number or R GATEWAY				
5 8 5 5	Sec.		20a. Mathod of Disposition  1 ☐ Burial	lamoval from Stata	cemetery	Disposition (Name of crematory or other EAKE CRE	place) MATION		CHESTE		
permit. Peg Department Important: 1	any injury o		21. Signature of Funeral Service License F. Reuth A	Elypn,	2F5P	FELLOWS		BEIN & I	NEWNAM	FUN	ERAL HOM
Physic /Med Exam	ilcal		23a. Part1. Enter the disaase, or complishock, or heert failure. List only or Immediate Cause (Final disease or condition	cations that coused the couse on each line.		it entar the mode of	dying, such as cardia	ent tach	st,		Approximate Intervat Between Onset and Death
		Examiner	resulting in death)	. Myoca	rdial	insequence of):	non		7,000 011		Hours
death certificate be executed ettending physician and	he bur	Medical Exa	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underfying Cause (Diseasa or Injury that initiated events resulting In death) Last	Acute	COAL e to (or as a co	fAILU.	RE			1	DAYS
certif	use a			Preumo	nia					ĵ	DAYS
that the	e detached	by Physician	Part II. Other significant conditions con Liver damage	tributing to death but r	not resulting in t	he underlying ceuse	given in Part I.	23b. Did tob	4/		the cause of death?
e lew requires has been sign		Completed a	CVA (R) sided					24a. Was an perform		com	e autopsy findings iable prior to pletion of cause eath?
The Hete	ctor	e i	thy Do Hyro i O  25. Was case referred to medical examiner?		T-0			1 ☐ Yes	/	10	Yes 200 No
Physician:	=   "	0	1 ☐ Yes 2 No H	ospitai: 1 Inpatient 28a. Date of Injury	28h Tin	ALIBIN SLI DOA		lome 5 Resider			
or Attending after death.	y the funeral	Certification:	1/Natural 5 ☐ Panding 2 ☐ Accident Investigation 3 ☐ Sulcida 6 ☐ Could not be	(Month, Dey You	ea <i>r)</i> inju	M 1	njury at Work? I Yes 2 No	28f. Location (Stre			Pouto Number
spital or Attending nours after death.			4 Homicide determined  29a. Certifier 1 Certifying Phys	building, etc. (	Specify)	•		City or Town,	State)		
To the Hospital within 24 hours To the Funeral	pletely	edical	(Check only 2 Medical Examin	er: On the basis of example and manner stated	amination and/o	or investigation, in m	y opinion, death occu	rred at the time, dat	e and place, ar	nd due to t	he cause(s)
Tot Vith	COM	2	250. Signature and title of certifier	Dell	1) 12/	9/96 BS	39962	29	d. Date signed $12/9/q$	(Month, De	ıy, Year)
		3	90. Name and address of person who con	mpleted cause of deet	(Item 23a) (Ty	pe, Print)	MAZI	601			
Po	State	7	31. Date filed (Month, Dey, Year)	32. Registrar's	Signature	77	10000				



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. ITEM: 8. PER F'.H. F'ILM q-743 1/10/97 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Joseph Peddicord Dorsey Dec /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington County Hospital Washington Hagerstown If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, 21, Year) 5. Sociel Security Number 494 6. Sex 7. Age (in yrs. lest birthdey) Birthpiace (State or Foreign Country) **Funeral** 1 □XM 2 □ F 705-10-9494 89 Yrs. Director May <del>14,</del> 1907 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limita 7 is marked other than "natural", or itsms 23a or 28a-f show treumetic svent, the Madical Examiner must be notified at Director 1 No Yes 2 No Washington Maryland Hagers town 10e. Street and Number 10f. Zip Code 10g. Citizen of Whai Country? 21742 USA 1312 Hamilton Boulevard Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?

1 12 Yes 2 1 No
If Yes, Give
Yeer or Detes: WW 2 13. Was Decedent of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours aftar of Department of Haalin and Mental hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic sysaft, ma Medical Emanna 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced WW 2 Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilege (1-4or 5+) Eiementary/Secondary (0-12) bookkeeper railroad 17. Father's Name (First, Middle, Last) 18, Mother's Name (First, Middle, Melden Sumame) Be Walter Dorsey Peddicord Goldie Delma Summerville 19e. informant's Name/Reletionship (Type, Print) 19b. Mailing Addresa (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Doris Y. Peddicord Hagerstown, Maryland 21742 1312 Hamilton Boulevard 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remove from State 4 ☐ Donetion 5 ☐ Other (Specify) 12/17/96 Hagerstown, Maryland Rose Hill Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Gerald N. Minnich 305 N. Potomac Street 21740 Funeral Home Hagerstown, Maryland 23e. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiretory arrest, ahook, or heer feilure. List only one cause on each line. Approximete interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examine meal The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a conseq. Due to (or as e consequence of): signed by tha a d be detached t Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ should should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed ata has b certificata 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 25 No inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Neturei 2 Accident

Division of Vital Records, P.O. Box 68760 Hospital or Attending Physician: death.

To the Hospital or Attendin within 24 hours after death.

To the Funeral Director: Af completely filled in by the fu

Certification:

edicai

State Registrar 29a. Certifier (Check only one) 29b. Signature and title of or

3 ☐ Suicide

4 Homleide

5 Pending investigation 6 Could not be determined

28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

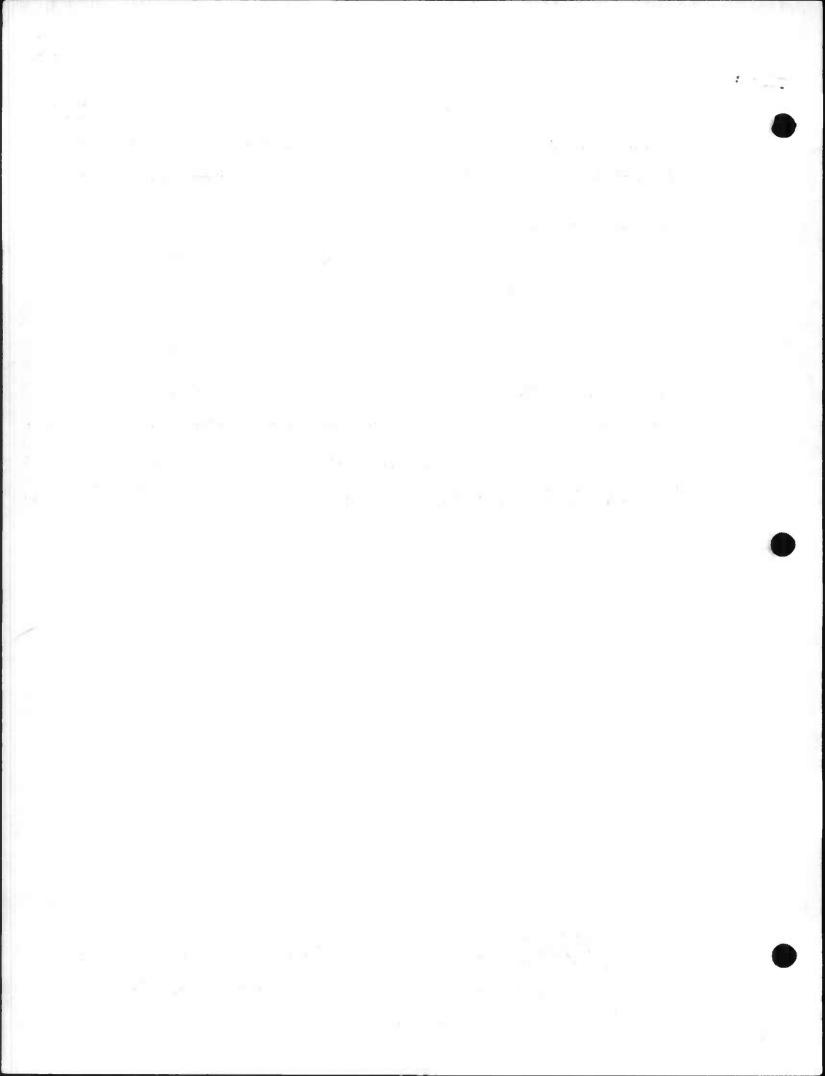
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29c. License number 29d. Date aigned (Month, Day, Year)

30. Name and address of person npieted ceuse of deeth (item 23a) (Type, Print) 011266

480 NorThoraku daga istowa, US

31. Dete filed (Month, Day, Year)
DEC 1

32. Registrer's Signature



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 2. Dete of Death Month PONS 1323 PECEMBER 4b. City, Town, or Location of Deeth 4c. County of Death

**Physician Funeral Director** 

the Maryland item 27 is marked other than "natural", or items 23s or 28s-f ahow other traumatic event, the Medical Examiner must be notified at 2 should be filed within 72 hours efter and Mental Hyglena. Is marked other than "natural", or he

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Physician /Medical Examiner

sician and buriel-transit attending physician for use as the burie certificata Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifical.

1. Decedent's Neme (First, Middle, Last) 3. Time of Death JOHN /Medical 4e. Facility Neme (If not institution, give straet and number) Examiner HOSPITAL OF BALTIMORE BALTIMORE BALTIMORE CITY If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, 6-7-1928) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpiece (Stete or Foreign Country) **™** M 2□ F 218-22-3593 BALTIMORE, MD Usuel Residence of Decedent 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County MD 1 Yes 2 No Director BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2500 EAST STRATH MORE AVE. 21214 usa Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Biack, White, etc. 11. Meritel Stetus 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 🕅 No Specify: Specify: WHITE à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) CSX RAILROAD CONDUCTOR 12TH 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be JOHN PONS MATTILDA KOMENDA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 st Department of Health end important: If item 27 is m any injury or other traun MARILYN LINNE POWER OF ATTORNEY 2500 EAST STRATH MORE AVE. BALTIMORE, MD 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete WASHINGTON, D.C. 4 □ Donation 5 □ Other (Specify) GEORGETOWN MEDICAL SCHOOL 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility AUSTIN ROYSTER FUNERAL HOME 3821 14TH ST. N.W. WASH. DC 20011 Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest shock, or heart failure. List only one cause on each line. Approximete interval Between Onset end Deeth Immediate Cause (Finei disease or condition resulting in death) Coronary Arriery Disease
Due to (or as a consequence of): Examiner Paroxysmal Atrial Fibrillation Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Chronic Obstructive Pulmonary Disease Physician/Medical Due to (or es a consequence of) End Stage disease renal Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Tyes 2 No Diabetes Mellitus, Penpheral þ 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en autopsy parlomed? Completed Vascular 1 ☐ Yes > No 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Deeth Certification: 28b Time of 28c. injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigetion 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) within 2 29b. Signature and title of config 29c. License number 29d. Date signed (Month, Day, Year) AS2402321 RS 9948 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

PONAT D T CTETN M D 2401 BELVEDERE AVE. BALTIMORE, MD RONALD J. STEIN, M.D.

State Registrar 31. Dete filed (Month, Day, Year) DEC 12 1996



What which the

2. 10 to 10

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Data of Death 3. Time of Death Day Physician December 6, 1996 Lillian Beatrice Pittard 1:45 AM /Medicai 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Doctors Community Hospital Lanham Prince Georges 7. Aga (In yrs. last birthday). If Under 24 Hrs. Hours Min. If Undar 1 Yaar 9. Birthpiaca (Stata or Foraign Country) CRUMPLER, NC 5. Social Security Number 8. Date of Birth (Month, Day, **Funeral** 1□ M 201 F Months Days Director 6/26/13 235-56-5851 Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show itam 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinar must be notified at 1 No Yes 2 No Director MD PG LANHAM 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4321 KINMOUNT ROAD 20706 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian. Black, White, etc. filed within 72 hours efter Hygiene. 1 ☐ Yas 2 X No 1 Navar Married 2 Married BLACK Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify. 3 H Widowed 4 □ Divorced Year or Dates Completed 15. Decedent's Education (Specify only highast grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT usa retired) Eiementary/Secondary (0-12) Coilega (1-4or 5+) 12YEARS 1 YEAR HOUSEWIFE Own Home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Surname) Be 2 should be fand Mental § VESTA LONG WALTER GREER 10 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) permit Peges 1 end 2 sh Department of Heelth and Important: If Itam 27 is m any Injury or other traum SAME AS 10A, B, C, D, E, &F RUTH BRAXTON 20b. Piaca of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State camelery, crematory or other place.
METROPOLITAN GREMATORY SERVICES
12/12/96 1 Burial XXX cramation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) ALEXANDRIA DVA. 22. Name and Address of Facility JOHN T. RHINES CO., INC. 3030 12TH ST NE, DC 20017 L. Entar tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, uk, or heart feilure. List only one ceuse on each line. Approximata Intervai Between Onset end Death **Physician** Immediete Cause (Final disease or condition resulting in death) /Medicai Cardiac Arrest 5 min Examiner Due to (or as a consequence of): Examiner 5 years Sleep Apnea the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): 5 years Box 68760 the ettending physician Congestive Heart Failure certificate be Physician/Medical Dua to (or as a consequence of): 88 980 P.0. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yee 2 No 3 Probably 4 Inknown Cardiac Arrythmia Records. þ 24b. Were autopsy findings 24a. Was an autopsy Completed evallable prior to completion of cause of death? performed' has 1 ☐ Yes 2 ☐ No certificate 1 Yes Division of Vital 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpetient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 5 2 ER/Outpatient 3D DOA 27. Menner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: or Attending Fafter death. Director: After 5 Pending Investigation 1 Naturai 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida within 24 hours a To the Funeral D Hospital Sertifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner es stated.

2 Medicaf Examíner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) D16273 December 6, 1996 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

6130 Landover Road, Landover, MD

MD

32 Registrar's Signature Randoll

Revathy Murthy,

DEC 0 9 1996

31. Date flied (Month, Dey, Year)

Registrar

State

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State of Maryland / Department of Health and Mental Hygiene 96

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			Holy Cross Hospi	tal				Silver S	pring	Montgo	merv	
п	Funeral		5. Social Sacurity Number 6. S	ax 7. Aga □M 2DXF	a (In yrs. last bi	Month	dar 1 Yaar S Days	Hours Min	pring s. 8. Data of Birt Month, Day	h y, Year)	9. Birthpla	ca (Stata or Foreign
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lai	thould be od Mental marked c melic ev	TOE	John Charles Ludw	ig Ritter				Mary An	n_Kilcom	ins		
an			19a. Informant's Name/Ralationship (7		198	. Mailing Addre	ess (Street		iural Route Numbe		Stata, Zip C	Code)
	The second second		Michael A. Phillip	os	28	39 She	pert	on Terra	ce Silve	r Spring	Mary	20904
or c	- T E E		20a. Mathod of Disposition		20b. Place C	f Disposition (f	Jama of		Data	20c. Location - C		
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Baltimore,	permit. Pa Departmen Important: any injury ance.		21. Signature of Funeral Service Lican	500	ricerop	22. Nama	and Addre	ss of Facility				riginia
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	ificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions	b	Dua to (or as a	consequence o	f):				1	
ó	an ar	m	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		- 11 /10-14		,					
68760,	ate by	edical	that initiated events rasulting in daath) Last	c	Dua to (or as a	consequence o	f):					
_	5 0 6		L.								1	
Box	attending for use	an		d							1	
	he at	Physician/N	Part II. Other significant conditions co	ntributing to death bu	t not rasulting I	n tha underlyin	g causa giv	van in Part I.	23b. Dld 1	obacco uee cont	tribute to t	he cause of death?
P.0	that the de led by the a detached t	Phy	Coronaly	Astes	1 1	که می در	0		10	Yee 2 No	3 Probe	bly 4 Unknown
	es tha igned be de	á	Coronaly	1110	1 -	- ISCAS						VALUE OF THE
Vital Records,	The law requires that the death cer site has been signed by the attendir page 2 should be detached for use	8							24a. Was	an autopsy rmed?		autopsy findings abla prior to
90	has be	Completed							,		of da	piation of causa ath?
2	The lite he	E							101	as 2 No	10	Yas 2 No
ita		Be	25. Was casa rafarred to medical					26. Placa of De	eath (Check only o	na)		
>		10	axaminar?	Hospitai: 1 ☐ Inpatie	1 2 ER/O	tpatient 3	DOA Oth	ner: 4 Nursing	Homa 5 □ Rasid	lance 6 Otha	(Specify)	
Division of	50 0 W		27. Mannar of Death 1 Natural 5 □ Panding	28a. Data of Injur (Month, Day	Year) 28b.	Tima of njury	28c. Injui	y at	28d. Dascribe h	ow injury occurre	d	
Ö	Attending or death. ector: After by the fune	atic	2 ☐ Accident Invastigation		, , ,	M		Yas 2□No				
N ≥	er de recto	Certification:	3 Suicide 6 Could not be determined	28a. Place of Inju- building, etc	ry - At home, fa	rm, straet, fact	ory, office		28f. Location (S City or Tow	Street and Number	r or Rural F	Route Number,
	o let o let o let o let				(-2)/					,		
	4 hours	edical	(Check only 2 Medical Exam	sician: To the best of	my knowledge	, daath occurre	ed at tha ti	ma, data and plac	e, and dua to the o	causa(s) end man	nar aş stat	ted.
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	Med	une)	and mannar sta	ed.							
	o d w o		29b. Signatura and titla of cartifiar	Α			9c. Licens			29d. Data signed		
	12		G. Grupto	(m)	<u></u>			6398		secen be	16,	1996
	12		30. Nama and addrass of person who c		()	(Type, Print)	0 .	crille,		December 20852		
		(		ngression		ne,	co cl	critte,	MP	50825		
	Sta	e	31. Data filed (Month, Day, Year)	32. Registra	rs Signatura							

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State of Maryland / Department of Health and Mental Hygiene 96

			la î			Ce	rtitica	ite of	Death		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, Andrew F		hucas					2. Deta of Decemb	Death	996ar	3. Tima of Death 8:30 PM
	Exami		4e. Facility Neme (If not Institution, g 2113 Gatewood Pl		er)				4b. City, Town, o	Spring		ty of Deetl	
	Funeral Director		5. Social Sacurity Number 6 579-40-4244 Usuei Residence of Decedent	Sax 7. 1⊠M 2□F		i. last birthdey) 4 Yrs.	# Und Month	er 1 Year s Days		8. Dete of E (Month, L Jan. 2	Birth (Pear) 27, 1902	9. Birth Con Gree	npieca (Stete or Foraign untry) BCB
	r 28a-f show	tor	10a. State 10b. County  Maryland Montgo	mery		ity.Town or Lo		ng			6.1		10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	23a o	ai Director	10e. Street end Number 2113 Gatewood Pl	ace			10f. 2	Zip Code	02		10g. Citizen o		untry?
	or ita	by Funerai	11. Marital Status  1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Yes 2 if Yes, Give Yaer or Data	s? ⊠No			edant of ecify Cut 2 3 No	Hispenic Origin? ( ban, Mexicen, Pus o Specify:	(Specify Yas or h irto Rican, etc.)	No- 14. Re Bi	eck, White	can indien, o, atc. White
	within 72 ho	Completed	15. Decedent's (Specify only highest of Elementery/Secondary (0-12)	rada completed) College (1-4)	or 5+)		dent's Us kind of v DO NOT	vork done use retira	ipation e during most of w ad)	rorking	16b. Kind of		ndustry Agricultur
		To Be Co	17. Fether's Neme (First, Middle, La Basil A. Phucas	6 st)			orer	K.	18. Mother's N	eme (First, Midd		-	Agricultur
	5 5 5		19a. Informent's Name/Relationship Mabel V. Phucas 20a. Method of Disposition		200	1	Gate	wood	l Place,	Silver	Spring,	MD	20903
	tant:		1 ☑ Burial 2 ☐ Cremetton 3 4 ☐ Donetion 5 ☐ Other (Spec	eify)	ite	cemetery, crer rt Linc	natory of	Ceme				ood,	Maryland
	Depa Impor	-	ant Enter the diseese, or co hock, or heart failure. List on	mplications thet ceus	sed the dea	1	1800 ilve	New r Sp	Hampshi oring, Ma	ire Aven aryland	ue 20904		Approximate intervel Between
	hysician /Medical xaminer		Immediate Ceuse (Final disaasa or condition resulting in daath)										Onsat end Death
B.		Examiner		a. Asp					demen	tia			3weeks 5years
	nding physician and use es the bunal-transit	√Medicai Exa	Sequantially list conditions, if ery, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	c		or es e conseq						1	
the death	ed by the atterdetached for i	Physician	Pert II. Other eignificant conditions	contributing to death	but not res	sulting In the ur	nderlying	ceuse gi	iven in Pert f.				to the cause of death?
the section was as	20.00	Completed by									s en eutopsy formed?	a	Vere autopsy findings vailable prior to ompletion of cause f deeth?
F	ate h	Ве Соп	25. Wes cese referred to medical exeminer?						26. Pieca of Da	1 Caath (Check only	Yes 2 No	1	☐ Yes 2₺ No
odlog Dhusician	in i	은	1  Yes 2 No  27. Menner of Death 1  Naturai 5  Pending 2  Accident Investigeti	28a. Dete of In (Month, I		28b. Time of Injury		28c. fnju Wo		Homa 5 A Res	sidence 6 🗆 O		ify)
polipoette ac iesi	rac d	Certification:	3 Sulcida 6 Could not determine	288. Piece of	Injury - At h etc. <i>(Speci</i> i		et, fecto	ry, office			(Street and Num own, State)	nber or Rui	ral Route Number,
he Hoenitei	within 24 hours of To the Funeral D completaly filled i	Medicai	29e. Certifiar 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the bes miner: On the basis and menner	of examina	owledge, death ation and/or Inv	occurre	d et the ti	me, dete end plea opinion, death occ	e, and due to the curred et the time	cause(s) and n	nenner es	stated. to the cause(s)
Tothe	Tot	Σ	29b. Signeture end title of certifiar	algert	, my	>	25		o 143 -	MD	29d. Dete sign		
	10		30. Neme and address of person who	completed cause or	f death (Iter	n 23a) (Type, I	Print)						

State Registrar 31. Dete filed (Month, Dey, Year)
DEC 0 9 1996

Hubet S. Alpert, M.D., 8630 Fenton Street, Silver Spring, MD 32. Registrar's Signeture

## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 39121

				rtificate of Death	Reg. No.
	Physici /Medic Examir	cal	1. Decedent's Neme (First, Middle, Last)  4e. Facility Neme (If not institution, give street and number)	SR 2. Dete of I Month Dec	Dey 1996 14:23
	Funeral Director		Washington County Hospital  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)  2/4-/6-0578  XDM 2DF 73  Yrs.	Hagerstown    Hunder 1 Yeer   Hunder 24 Hrs.   8. Dete of E (Month, I Feb. 2	Washington  Birth Day, Year)  22,1923  Washington  9. Birthplace (State or Foreign Country) West Virginia
	ahow	)r	Usual Residence of Decedent  10e. Stete 10b. County 10c. City, Town or Lo		10d. Inside City Limits  1/□ Yes 2 □ No
	3a or 28a-f	Funeral Director	Maryland Washington Williams 10e. Street and Number 120 S. Conococheague St.	101. Zip Code 21795	10g. Citizen of Whet Country? USA
5-0020	d within 72 hours after death with the Maryland jiene. I than "netural", or Reme 23s or 28s—f show the Medical Exercities must be notified at	þ	3 1∑ Widowed 4 □ Divorced If Yes, Give Year or Detes:	Wes Decedent of Hispenic Origin? (Specify Yes or It If Yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 Yes No Specify:	
21215-0		Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4or 5+)  CONC	dent's Usuel Occupetion kind of work done during most of working DO NOT use retired)  ductor	16b. KInd of Business/Industry  Railroad
	be filed itel Hygid d other event, II	BeC		18. Mother's Neme (First, Midd	
Maryland	d 2 should be filed to and Mentel Hyg 7 is marked other traumatic event,	10	Harry Elmer Rupp, Sr.	Olive Mae McC	
	CENL			16 Edward doub Rd., Will	
3altimore,	200		20a, Method of Disposition 1 ☑ 3 ☐ Removel from State 20b. Plece of Disposementary, crem		20c. Location - City or Town, Stete
Bal	permit. Pag Department Important: it any injury o			2. Neme end Address of Facility Osborne Funeral Home	P.O.Box 348 Williamsport, MD. 21795
	Physician /Medical Examiner		23a. Part 1. Ents me disease, or complications that caused the deeth. Do not enter shock, oversan feilure. List only one ceuse on each line.  Immediate Ceusa (Final disease or condition resulting in deeth)  Due to (or es a consequence)	y Arrest	
Box 68760,	eath certificete be asscuted attending physician and I for use as the burial-transit	In/Medical Examiner	Cause (Disease or Injury thet inflieted events resulting in deeth) Last	on of Sanoic	(colon Zweeks Zyears
O. B	the atten	Physician/M	Pert It. Other expiticant conditions contributing to death but not resulting in the un	nderlying cause given in Part I. 23b. Di	id tobacco use contribute to the cause of death?
S, P.	requires thet the de peen signed by the a should be detached (	by Phy	Renal Farlure	10	Yes 2 No 3 Probably 4 Unknown
Record	N 25 2	Completed		24a. Wa	as an autopsy riormed?  24b. Were autopsy findings available prior to completion of cause of death?
Vital F	F seg		25. Was case referred to medical		Yes 2 No 1 Yes 2 No
of	ding Phys h. After this funeral di	ition: To Be	axeminer?  1 Yes 2 No Hospitel: 1 Impatient 2 ER/Outpatient  27. Manng-of Death 1 Netural 5 Pending (Month, Day Year) 2 Accident Investigation		sidence 8 Other (Specify) se how injury occurred
Division	2442	Certification:	3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Plece of Injury - At home, ferm, streen building, etc. (Specify)	City or T	n (Street and Number or Rural Route Number, Fown, State)
	e Hospital of 24 hours a Funeral Dietely filled	edical	29e. Certifiler (Check only  (	occurred at the time, date and piece, and due to the restigation, in my opinion, death occurred at the time	ne cause(s) end menner as stated. e, dete and piece, and due to the cause(s)
	To the within 2 To the comple	Me	29b, Signature and title bl-off-tiple	29c. License number	29d. Dete signed (Month, Day, Year)
		4	30. Name and address of person who completed cause of death (Item 23a) (Type, F	USUSS /	12/11/96
			Marc E. Kross 25	I E. Antietan	Hagerstown McZ174
	Sta Registra		31. Dete filed (Month, Day, Year) DEC 1 3 1996 32. Sepistre s. Signature	Щ	

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Veer Mildred Marie ROHRER DECEMBER 14 1996 0745 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Washington County Hospital Hagerstown 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Davs Hours Min. (Month, Day, Year) 5. Social Security Number Birthplaca (Stata or Foreign Country) **Funeral** 1 □ M 2 🗓 F 216-14-5075 Yrs. 75 Director Oct.29,1921 Usual Rasidance of Decedan 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itema 23a or 28a-1 show traumatic avent, the Medical Examiner must be notified at 1 ☐ Yas 2 ₺ No Washington Smithsburg Director Maryland 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? filed within 72 hours after deeth with Hygiene. 21783 USA 23525 Leathers Road 12. Was Decedent Evar in U,S. Armed Forces? 1 □ Yas 2½ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 "natural", or 1 Yas 2♥ No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainass/Industry Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed wit Department of Health and Mental Hygiens important: If them 27 is marked other the any injury or other treasment. clothing mfg. 8 17 Father's Name (First Middle Lest) 18. Mothar's Nama (First, Middla, Maidan Sumama) Ginny Hose Elmer Guessford 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 23525 Leathers Rd., Smithsburg, Md. 21783 Joseph L. Rohrer 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Cedar Lawn Mem. Park 12-17-96 Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility 21. Signature of Funaral Sarvice Licensea MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart fellure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immediata Causa (Final Cocherla 2140 diseasa or condition rasulting in deeth) Examiner Examiner carcinoma of puncieus a mo attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last P.O. Box 68760, Physician/Medical Dua to (or as a consequence ot): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ate has been signed by the page 2 should be deteched 23b. Did tobacco use contribute to the cause of death? multiple gastric ulcerations 1 Yes 2 No 3 Probably 4 Unknown Records, þ dealuter moliting type I Be Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 20 No certificate Division of Vital To the Hospital or Attending Physician: "within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa retarred to medical examinar? 28. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 1 Yes 2 Vio 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 1 Yas 2 No 2 Accidant 8 Could not be datamined 3 Sulcida 28a. Place of Injury - At home, term, street, tactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 \ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as attated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar edical 29b. Signatura and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) Passed Nothing has 12-16-96

348 mill ST HACERSTOWNY ZTHO

30. Nema and address of person who complated causa of death (Item 23a) (Type, Print)

DEC 1 7 1996

BIOSHA

31. Data filed (Month, Day, Year)

2 Trutch Vo May

32. Registrar's Signatura

Registrar **DHMH 16 Rev 6/95** 

State

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State of Maryland / Department of Health and Mental Hygiene 9.6 3.9.1.2.3

Jan 1		1. Decedent'a Neme (First, Middla, La	ist)			Certificate of		2. Dete of Deet			3. Time of Deeth
Physic		Andrew Francis	RIDENO	IR				Month Dec.	Dey 1 7	Yeer 1 0 0 C	7:00 a.m.
/Med Exam		4e. Fecility Neme (If not institution, give					4b. City, Town, or		4c. County	1996 y of Death	7.00 a.m.
Exam		1747 Edgewood					Hagers	town	Was	hingt	on
Funera		5. Sociei Security Number 6. S	Sex 7. A	ge (In yrs.	last birt	hday) If Under 1 Yeer Months Days	If Under 24 Hrs Hours Min.	8. Dete of Birth (Month, Day,			ece (State or Foreign
Directo		214-09-4516 Usuel Residence of Decedent	1⊠M 2□F	84		frs. Months Days	Flours IVIII).	Feb. 5			yland
show	7	10e. Stete 10b. County		10c. Cit	y, Town	or Location				10	Od. Insida City Limits
he M	Director	Maryland Washir	ngton		Н.	agerstown					
Nith With		10e. Street end Number				10f. Zip Code		10	Og. Citizen of		try?
a 23	era	1747 Edgewood  11. Maritel Status	Hills Circ			21742			U.S	A.	- In dia-
be filed within 72 hours after death with the Maryland ital Hygiene. d other than "natural", or items 23a or 28a-f show event, the Madical Exaction must be notified at	by Funeral	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces:  1 Xes 2 If Yes, Give Year or Dates:	No		13. Was Decedent of H If Yes, specify Cubi  1 ☐ Yes 2 ☐ No	an, Mexican, Puert  Spacify:	o Rican, etc.)		ck, White, e	
d within 72 hours at giene. r than "natural", or the Medical Exam	8	15. Decadant's Ed	ducation	VV VV	16e.	Decedant's Usuel Occup	petion		16b. Kind of B		
hin 7	Completed	(Specify only highast gra Eiamantary/Secondary (0-12)	ada complatad) College (1-4or	E.\		(Giva kind of work dona lifa. DO NOT usa ratire	during most of word)	rking			
d with	E	12	0	3+)		Clerk - De	livery		Expre	ess Co	0.
should be filed within 72 and Mantal Hygiene, marked other than "natimatic event, tre Median	Bec	17. Fether's Neme (First, Middia, Last,	)				18. Mother's Ner	ne (First, Middla, M	faidan Sumar	ne)	
	70 E	Elmer Silas Ride	enour				Elizab	eth M. S	chaul		
the man		19e. Informent's Neme/Reletionship (	Type, Print)		19b.	Mailing Address (Straat	and Number or Au	ıral Routa Number,	City or Town	, Stata, Zip	Coda)
permit. Pages 1 and 2 Department of Health & Important: If Item 27 Is any Injury or other tra once.		Dorothy W. Ride	enour			747 Edgewo	od Hills	Circle F	dagers	town,	Md. 2174
of Ho		20e. Mathod of Disposition  1 Xuriel 2 Cremetion 3	Romoval from State		Plece of amatan	Disposition (Nama of , cramatory or other place	ca)	Dete 2	20c. Location	City or Tov	wn, State
Pag ment: I		4 Donetion 5 Other (Specif			est	Haven Ceme	etery 12/	20/96	Hagers	town,	Maryland
mit. portro		21. Signeture of Funerei Service Licar	1500	1		22. Name end Addre	ss of Fecility				
permit. Pages 1 and Department of Heal Important: If Item 2 any Injury or other once.		SCHAN	When	1111	1/0	Minnich Fu 415 E. Wil				Manest	and 217/0
		23e. Part1. Enter the disease, or com	plicetions thet cause	d the deat	h. Do n	ot enter the mode of dylr	ng, such es cardied	or respiretory erre	est,		Approximete
Physician		shock, or heart feilure. List only	one ceuse on eech ii	ine.							Intarval Between Onset end Deeth
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requires that the death cer een signed by the attandir hould be detached for use		Recent Peri	tonsillar	abce	255			1□ Ye	s 20 No	3 Prob	ably 4 Unknown
vires sign	d by							24a. Was an	venotue	24b. Wei	re eutopsy findings
v req	Completed							perform	ed?	eva	ilable prior to
The law ate has b	P.										aeth?
		25 14/20 2020						1 ☐ Ye	21	10	Yes 2□ No
ysician: is certific director,	Be	25. Was case referred to medical exeminer?	Hospital:			oth Oth	or:	th (Check only one			
5 00	7	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	1 ☐ Inpatie	-	ER/Outp	Delient 3D DOA	4 U Nursing H	ome 5 Resider 28d. Describe how			)
Attanding Physician: ir death. ector: After this certific by the funaral director,	Certification:	1 Neturel 5 Pending investigation 3 Suicide 6 Could not be	(Month, Da	y Year)	Inj	jury Wor M 1□	yet k? Yes 2 □ No				
s after of Mi Direct	Certifi	4 Homicide datermined	28e. Piece of Inj building, et	ury - At ho c. <i>(Specif</i> )	me, fen	n, street, factory, office		28f. Location (Str. City or Town,	eet and Numb Stata)	per or Rural	Routa Number,
To the Hospital or Attanding Ph within 24 hours aftar death. To the Funeral Director: After th completely filled in by the funaral	edical (	29a. Cartiflar (Check only one) 2 Medical Exam	ysician: To the best of ninar: On the basis of end menner ste	axemina	wledge, ion and/	deeth occurred at the tin or investigation, in my o	ne, data end piace pinion, daath occur	, end due to tha car rred et tha tima, da	use(s) end me ta end place,	enner as sta and dua to t	ited. the causa(s)
To the Comp	×	29b. Signatura and title of certifier	0.0			29c. License	e number	29	d. Dete signe	d (Month, D	lay, Year)
		) Chiunk	16 X1	HIE	6	DOI	062	De	cember	18	1996
		30. Neme and eddress of person who d	completed cause of d	eeth (Itam	23a) (T			De	Canbel	,	
		Edward W. Ditto,				W. Washing	oton St	Hagerst	own Mi	0 217	740
Sta	ate	31. Dete filed (Month, Day, Year)	32. Registr	er's Signe	ture		SCOIL DE.	nagerst	Owil, III	21/	***
Regist	rar	DEC 19	1996 Mili	dhue	bard	Carlell					
	6										

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

B.K.S ITEMS: 23 PART I, II, 27, State of Maryland / Department of Health and Mental Hygiene PER ME'D F'ILM q-743 1/15/97 t.t

7. Age (In yrs. last birthday)

66

Certificate of Death

Days

10f. Zip Code

**Physician** /Medicai Examiner HENRIETTA

REID

Upper Marlboro

2. Deta of Death Month DEC. Day 1996 9,

1629 PM

4a. Facility Name (If not institution, give street and number)

1□ M 2⊠ F

College (1-4or 5+)

4b. City, Town, or Location of Death

, Funerai Director

10a. State Director

with the Maryland ns 23a or 28a-f show death al Hygiene.

7 is marked other than "natural", or items traumatic event, the Medical Examples m filed within 72 hours after permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem 27 is marked other any lojury or other traumatic event OREs.

21215-0020

Baltimore, Maryland

Box 68760.

Division of Vital Records, P.O.

**Physician** /Medicai Examiner

or Attending Physician: The law requires that the death certificate be executed burial-transit attending physician for use as the buria ed by the a signed by t d be detact certificata this after death. • Funeral Directo letely filled in by t

Examiner Physician/Medical by Completed Be 2 Certification:

1. Decedent's Name (First, Middle, Last) PRINCE GEORGES HOSPITAL CENTER 5. Social Security Number 578-44-7732 Usual Residence of Decedent 10b. County Maryland Prince George's 10e. Street and Number 11106 Woodlawn Blvd. by Funeral 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12th 17. Father's Name (First, Middle, Last) Be William Jones 19a. Informant's Name/Relationship (Type, Print) Claudie Reid Sr./Husband 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 🖾 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Nancy A. Percante 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

XIONatural 2 Accident 3 Suicide 4 Homicide 29a. Certifier Medical (Check only one)

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. SUBDURAL HEMATOMA 25. Was cese referred to medical 1X1Xes 2□ No 1 ☐ Inpatient 2 KR/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 5 Pending investigation 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner as stated.

2 Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

29c. License number O.C.M.E

28c. Injury at Work?

1 Yes 2 No

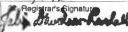
29d. Date signed (Month, Day, Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Radentz, Mp 111 Penn Street, Baltimore, Maryland 21201

Stephen 31. Date filed (Month, Day, Year)

DEC 12 19



**DHMH 16 Ray 6/95** 

State

Registrar

To the Hosp within 24 ho To the Fune

4c. County of Death PRINCE GEORGES

CHEVERLY If Under 1 Year | If Under 24 Hrs. Hours

 Birthplace (State or Foreign Country) North Carolina

10c. City, Town or Locetion

10d. Inside City Limits 1 X Yes 2 No 10g. Citizen of What Country?

20774 Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

14. Race - American Indian, Bleck. White, etc. Specify: Black

16b. Kind of Business/Industry

Walstonburg, NC

U.S.A.

12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

1 ☐ Yes 2 1 No Specify:

Private Nurse's Assistant

18. Mother's Name (First, Middle, Maiden Sumame)

Mattie Hamilton

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

11106 Woodlawn Blvd., Upper Marlboro, MD 20774 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 12/14

St. Delight Cemetery 1996

J.B. JENKINS FUNERAL HOME
7474 Landover Road, Landover, Maryland 20785 Approximate Interval Between Onset and Death

METASTATIC ADENOCARCINOMA (NOS) Due to (or as a consequence of)

Due to (or as a consequence of)

Due to (or as a consequence of):

28b. Time of

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of ceuse of death?

Limited to nead 1 X Yes 2 No

102 Yes 2□ No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

281. Location (Street and Number or Rural Route Number, City or Town, State)

DEC. 10, 1996

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 39 | 25

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		10e. Stete 10b. County		10c. C	City, Town or L	ocation					10d. Ins	side City Lir
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Funeral Director	1	11. Maritai Stetus	12. Wes Deced		U,S. 13.	. Wes Decedent of If Yes, specify Cu		(Specify Yes or I		Reca - Am		dien,
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by		3₺ Widowed 4 Divorced	If Yes, Give Yeer or Da	tes: 9/3/6	65	1 ☐ Yes 2 ☐ N	o Specify:			pecity: rican A	meric	an ,
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2		James Willi	s Ridgley	Sr.			Agnes	Irene Ma	rshal			
		19e. Informent's Neme/Reletionsh	ip (Type, Print)		19b. Maiti	ting Address (Stre	et end Number or	Rural Route Num	ber, City or	Town, Stete,	Zip Code	)
	L	Veirdre L. Rid	gley - Dau	ighter	3600	Earlsto	n Ct., M	itchellv	ille,	MD 2	0721	
	2	20e. Method of Disposition 1 ☑ Burlei 2 ☐ Cremetion	2 Demousi from C		Piece of Dispecemetery, cre	oosition (Neme of emetory or other p	lece)	Dete	20c. Loc	ation - City or	Town, Si	tete
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death December 3,1996 4b. City, Town, or Location of Death linker

**Physician** /Medical Examiner

**Funeral** Director

28a-t show must be notified at ŏ herrs 23a 'natural', or the Medical

21215-0020

Baltimore, Maryland

P.O. Box 68760.

Records,

Vital

to

Division

Hygiene. marked other permit. Pages 1 and 2 should be 1 Department of Health and Mental i Important: If Item 27 is marked of any injury or other traumatic eve

Physician /Medical Examiner

Medical

916 After Attending after death Director; To the Hospital within 24 hours a To the Funeral C completely filled

Physician/Medical Completed Be Certification: To 29a. Certifier (Check only

Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical 1 Yes 20 No 27. Manner of Death 1 ⊠Natural 2 Accident 3 ☐ Suicide 4. T. Homicide

29b. Signatura and titla of certifiar

28a. Data of Injury (Month, Day Year)

29c. Licansa numbar

1 Yas 2 No

28c. Injury at Work?

29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) SROW

Chelelle

31. Data filed (Month, Day, Year) DEC 1 0 19

5 Pending investigation

6 Could not be

1. Decedant's Nama (First, Middla, Last) 4a. Facility Nama (If not institution, giva street and number) MARY LAND Southern Year) 9. Birthplace (State or Podign 9, 1908 North Carolina 7. Aga (In yrs. last birthday) If Undar 1 Year Hours Min. 8. Data of Birth (Month, Day, Yea August 29, 5. Social Sacurity Number Months Days 1□M 2√F 88 577-48-1443 Yrs Usual Rasidance of Dacedent 10c. City, Town or Location Washington 10a State 10b. County 10d. Insida City Limits D.C. ¥X Yas 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20011 431 Kennedy Street, N.E. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ZVNo If Yas, Giva Yaar or Datas: 11 Marital Status 13. Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black. Whita, atc. 1 □ Navar Married 2 □ Marriad 1 ☐ Yas 2 ☐ YNo Specify: **Black** by 3 X Widowad 4 □ Divorced Be Completed 15. Decedant's Education (Specify only highast grada complated) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Sacondery (0-12) Collega (1-4or 5+) Beautician (Hairdresser) Cosmetologist 12th grade 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John Charles HIllian Isabell Davis 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 237 56th Place, N.E. Washington, D.C. 20019 Miss Joy Marie Cottman (God Child) 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data Fort Lincoln Cemetery Burlal 2 Cramation 3 Ramoval from Stata 12/10/96 Brentwood, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility. ROTTINS FUNERAL HOME, Inc. 4339 Hunt Place, N.E. Washington, D.C. the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximata Intervel Batw intarvel Batween Onsat and Death Cardio refining arest. Immediate Cause (Final disease or condition resulting in death)

nemenia Dua to (or as a consequenca of):

CVA.

Dua to (or as a consequence of):

1 Inpatient 2 □ ER/Outpatient 3 □ DOA

28a. Plece of Injury - At homa, farm, straat, factory, offica building, etc. (Specify)

28b. Tlma of

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown

24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performad? 1 Yas 2 No 1 ☐ Yes 2 No

26. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

28d. Dascribe how injury occurred 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

Decartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

| Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and mannar stated.

1328 Southern Ave. #202 Washington

State

Registrar

DEC 1 0 1996 July March 1970

				State	f Marylar		artmen <i>rtificate</i>				ental Hy	ygiene :	16	39121
			1. Decedent's Nama (First, Middla, Li	ist)							2. Data of D Month		Vana	3. Tima of Death
	Physic /Medi		CeDora Richie							I		er 7, 19	Yaar 196	10:10 pm
	Exami		4a. Facility Nama (If not Institution, git	a street and nu	mber)			4	b. City, To	wn, or Loc	ation of Dea	th 4c. County	of Death	
1			Springbrook Adve	entist 1	Nursing	Center	r		Silve	r Spi	ring	Montg	omery	
	Funeral	Г		Sex	7. Aga (In yrs.	last birthday)	If Undar Months	1 Yaar Days	If Undar	24 Hrs. Min.	8. Data of Bi (Month, D	irth	9. Birthpia	aca (State or Foreign
2	Director		183-12-7053	1□ M 2⊠ F	83	Yrs.	MOTHETS	Days	riours	WIII.	July 1	19,1913	Count Pennsy	ylvania
	g .		Usuai Rasidence of Decedant  10a, Stata 10b, County		10. 0	. Your sale								
	aryta ahoy dat	_	,			ty, Town or Lo							10	d. inside City Limits
	N PH	cto	Maryland Montgom	ery	Sil	ver Sp	1							1X Yas 2 No
	after death with the Marylan or thems 23e or 28e-f show uniner must be notified at	Funeral Director	10e. Street and Number				10f. Zip	Coda				10g. Citizen of	What Count	ry?
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	r de tems	nue	11. Marital Status	Armed Fo		,S. 13.	Was Daced it Yas, spec	dant of H	lispanic Orig en, Maxicen	gin? (Spec i, Puarto F	cify Yas or N Ricen, atc.)	0- 14. Rad Bla	e - Amarica ck, White, a	
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Va	2 shot and the man		19a. Informant's Name/Raiationship									ber, City or Town		Code)
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	cate be executed ohysician and the burial-transit	Examiner	Sequentially list conditions.	b	Dua to (c	or as a consac	quance of):							
ó	an ar	m X	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events		abete	c >	Libe	75	0	nd				757-5
8760,	ysici ne bu	dicai	Causa (Disaasa or injury that initiated events	c	4	r as a consec	/ /	-44-						
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	the death certificate be executed y the attending physician and sched for use as the bunal-transit	Physician/M	Part ti. Other significant conditions of	ontributing to d	eath but not ras	uiting in the u	ndarlving ce	eusa div	en in Part i.		23b. Dic	tobacco use co	ntribute to	the cause of death?
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Š	Direct Di	ert	4 ☐ Homicida datamined	buildi	ng, atc. (Specif	y)					City or To	own, Stata)		
2.23	To the Hospital or within 24 hours att To the Funeral Dir completely filled in		29a. Cartifiar 1 Certifying Pr	vstcian: To the	best of my kno	wiados dasti	n occurred s	at the tim	na, data an	d niace a	nd due to the	a causa(s) and m	ennar es eta	ited.
	Par Par otoly	edical	(Check only 2 Medical Examone)	niner: On the b	asis of axamine	tion and/or in	vastigation,	in my o	pinion, deet	th occurre	d at tha tima	, data and place,	and due to	tha cause(s)
	of the party of th	Me	29b. Signature arythtile of certifier	~ ^	i i		290	. Licens	a number			29d. Data signe	d (Month, D	Pay, Year)
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(	2		30. Nama and address of person who Stuart J. Turkey					Can	ter D	rive	#430	Greenbe	1+. M	D 20770
			bedare J. Turke	NALLO PL	· U · / )	ON OTE	LIIWay	OGIL	CCI D	TIVE	11 7009	OFCCHINE	t'l	20110

12, Registrar's Signature Cardall

State Registrar 31. Data filed (Month, Day, Year)
DEC 0 9 1996

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Death **Physician** Month Yaer 45 KOSE Marrero KOION December 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL 7. Aga (In yrs. last birthday)
1 If Under 1 Yaar
1 If Under 24 Hrs.
Months Deys Hours Min.
Month, Day, Yaar)
June 10, 1904 MONIGOMERY 5. Social Security Number Birthplace (Stata or Foraign Country) Funerai 1 □ M 2 🖫 F 099-18-3104 Director Puerto Rico Usual Rasidanca of Decedant Marviano 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f sh notified Virginia James City 1 □ Yes 2 □ No Director Williamsburg 50 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? must be r 119 Wareham's Point 23185 United States Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☐No If Yes, Giva Yaar or Datas: Was Decadant of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarlcan Indien, Black, White, atc. r than "natural", or iten the Medical Examiner filled within 72 hours after 1 Nevar Married 2 Merrled XXYas 2□No Specify: Puerto Rican 21215-0020 Specify: Completed by 3 Widowed 4 □ Divorcad White Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home Baltimore, Maryland 17. Fethar's Name (First Middle Last) 18. Mothar's Name (First, Middla, Maidan Sumema) . Pages 1 and 2 should be fill thents! H thents! H family and Ments! H flow 27 is marked off iury or other traumatic even Be Manuel Rolon Catalina Declet 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straet and Numbar or Rural Routa Numbar, City or Town, Steta, Zip Coda) 119 Wareham's Point, Williamsburg, VA Robert Marrero / Son 23185 20b. Placa of Disposition (Nama of camatery, cramatory or other placa) Dec. 5, 1996 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cramation 3 ☐ Ramoval from Stata Department of Important: If any injury or Montgomery Crematorium, Inc. 4 ☐ Donation 5 ☐ Othar (Specify) Bethesda, Maryland 21. Signetura of Funaral Sarvice Licensea 22. Nama end Addrass of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc., 300 W. Montgomery Avenue, Rockville, Maryland 20850-2805 M00348 Rutta 23e. Part1. Entar tha disaasa, or complications that caused tha death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Batwaan Onset end Death **Physician** /Medicai Immadleta Causa (Final Myocardia disaasa or condition resulting in daath) **Examiner** riosclerotic The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to Immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury that initieted avants rasulting in daath) Lest Due to (or as a consaquanca of): P.O. Box 68760. Physician/Medical Dua to (or es a consaguança of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy parformed? peen hes 1 □ Yas 2 No After this certificate Division of Vital Attending Physician: Be 25. Wes casa rafarred to medical 26. Place of Deeth (Check only one) axaminar? Hospital: 1 ☐ Inpatient 2 ER/Outpatiant 3 ☐ DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Residanca 6 Othar (Spacify) 10 funeral 27. Mannar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Naturel 2 Accidant 5 Panding Invastigation ours effer deeth.

ours Director: Al filled in by the fu 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Suicida 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital o within 24 hours of To the Funeral D completely filled i 1 Cartifying Physician: To tha best of my knowledge, death occurred et tha tima, data and pleca, and dua to tha causa(s) and manner as steted.
2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mennar stated. 29a. Cartifier Medicai (Check only one) 29b. Signature and title of pertifier 29c. Licansa number 29d. Data signad (Month, Day, Year) ecember 2 1996 MU on will complated causa of daath (Itam 23a) (Type, Print) 30. Name and address of page Brookes Ave Gaithersbury MD 2087? lames 31. Data filed (Month, Day, Year)

32. Registrer's Signatura

Lika Savidson

DHMH 16 Rev 6/95

State

Registrar

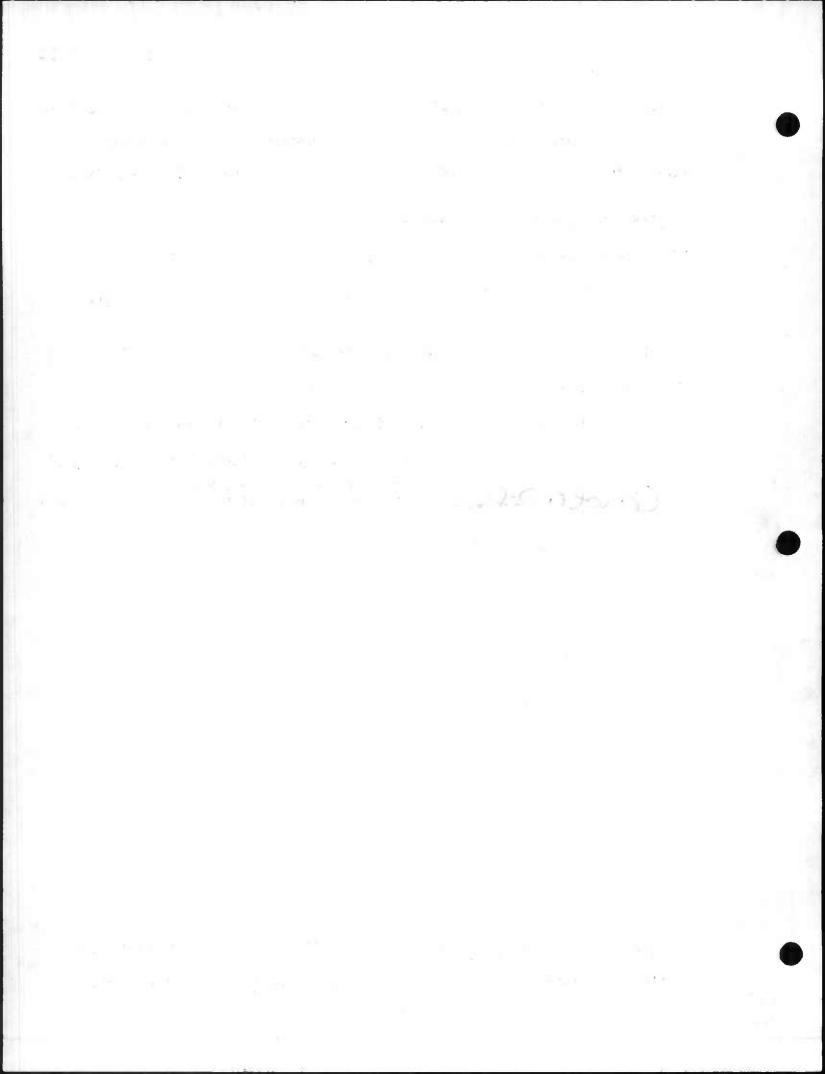
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 39129

					Cer	rtificat	e of	Death			Reg. No.			
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Physic /Medi		Virginia	С.	Redwi	ne					Decembe	er 8, 1	996	6:1	5 AM
Exami		4a. Facility Nama (If not institution,	giva straat and number	r)			-	4b. City, Tov	vn, or Loc	cation of Death				
		Mariner of Kens	sington				1	Kensin	gton	1	Montg	omery		
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<b>8</b> ₪		10a. Stata 10b. County		10c. City, 1	Town or Lo	cation						1	0d. Insid	ta City Lim
28a-f sh	Director	Maryland Montge	omery	Ken	singt	On 10f. Zip	Code				10g. Citizan of		1 🗆	Yas 2⊠
39 00	D	3000 McComas Ave	anue			208					Jnited			
It of Health and Mentel Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Madical Examiner must be nothed at	Funeral	11. Marital Status  1 Navar Married 2 Married	12. Was Dacedan Armed Forces 1  Yas 2	?		Was Deced f Yas, spec	ant of H		in? (Spe Puarto F	cify Yas or No- lican, atc.)	14. Rad Bla	ce - Amaric ck, White,	an India	n,
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ls m		19a. Informent's Name/Ralationsh			19b. Mailin	g Address	(Street	a <i>nd N</i> um <i>bei</i>	r or Rural	Routa Numbe	r, City or Town	Stete, Zip	Coda)	
Department of Health of Important: If Item 27 is any Injury or other tra		Marjorie S. Lap	pen, LCSW-					ane,	Rock	ville,	Maryla	nd 2	0852	
of life		20a. Mathod of Disposition  1 Darial 2 Cramation	3 Pamoval from State	20b. Plac cam	e of Dispos atary, crem	sition (Nem	a of thar plac	a)	1	Data	20c. Location	City or To	wn, Stat	a
int: h		4 □ Donation 5 □ Othar (Sp.			sapeal	ke Cr	emai	torv	12	-10-96	Beltsvi	110	Mary	land
hysician Medicai (aminer taminer)	Medical Examiner	rasulting in daath)  Saquantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	b	Due to (or as  Dua to (or as	s e consaqu	uance of):								
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hed f	Physician	Part II. Other significant condition	contributing to deeth t	out not resultin	g In tha un	derlying ca	usa giv	an In Pert I.		23b. Did to	obacco use co	ntributa to	the cau	se of de
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is certificate director, per	Be	25. Was casa rafarrad to madical axaminar?						26. Placa	of Daath	(Check only or	7a)			
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To the Funeral Directory Completely filled in b	edical	29e. Cartifier 1\(\hat{\text{Certifying}}\) Certifying 2 \(\hat{\text{Medical E}}\)	Physician: To the best caminar: On the basis of and mannar st	of exeminetion	dge, deeth end/or Inve	occurred a estigetion,	t tha tim in my op	e, dete and pinion, daath	placa, er occurred	nd due to the c d at the tima, d	ause(s) and me lete end pleca,	enner es st end dua to	eted. the ceu	se(s)
Tota	Y	29b. Signature and titla of certifiar	~	0		29c.	Licansa	number		2	9d. Data signe	d (Month, L	Day, Yea	ir)
		30. Nema and address of parson wi	manual and a	teath (Item 00	a) (Tuna D		0089	944			ecember	9,	1996	
		Martin C. Sharg	el, M.D. :		rragu		enue	, Ken	sing	ton, Ma	ryland	208	95	



State of Maryland / Department of Health and Mental Hygiene 96 39130

						Cei	rtificate	of	Death		Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)						2. Date of Dec	eth		3. Time of Deeth
	Physic		Doris Ehr	mantraut F	Reiche	2]				Decembe	er 9, 1	996	12:30 AM
1	/Medi Exami		4a. Facility Neme (If not institution, give			- 1			4b. City, Town, or L		-	ty of Deeth	
	-201111		8920 Walden Road						Silver Sp	ring	Monte	gomery	/
	Funeral Director		5. Social Sacurity Number 6. 5 577-12-9173	Sex 7. A	nga (In yrs. 1	lest birthdey) Yrs.	If Undar 1 Months		If Under 24 Hrs. Hours Min.	8. Deta of Birt (Month, Da May 27	h	9. Birth	pleca (Steta or Foreign ntry) ngton, D.C.
	P.		Usuel Residence of Dacedent		10.00								
	show	-	10a. State 10b. County	•		, Town or Lo							10d. insida City Limits 1 ☐ Yas 2 🛣 No
	the Mi	Funeral Director	Maryland Montgome	ry	Sil	ver Sp	1						***
	vith th	Dir	10e. Street and Number				10f. Zip Co				10g. Citizen o		
	s 23a	ral	8920 Walden Road				2090	-			Unite		
	items items	une	11. Marital Stetus	12. Was Deceden Armed Forces	7	S. 13. Y	Was Decedent Yas, specify	t of F	Ilspanic Origin? (Sp an, Mexican, Puarto	ecity Yes or No- Rican, atc.)		eca - Ameri eck, Whita,	
20	rs eft	by F	1 ☐ Never Merried 2 ☐ Married 3 🕅 Widowed 4 ☐ Divorced	1 ☐ Yes 2 🕅 If Yes, Give Yeer or Datas:			1□Yes 2🏋	No	Specify:		Spec	ify:	ito
9	within 72 hours effer death with the Maryland ene. than "natural", or frems 23a or 28a-f show he Medical Examiner must be notified at		15. Decedent's E		*	16e Decer	ient's Usuel C	Decur	netion		16b. Kind of	Whi	
15	n na	plet	(Specify only highest gre	de completed)	-	(Give	kind of work of	done	during most of work	ing	100. 14110 01		dustry
212	iene.	Completed	Elementery/Secondery (0-12)	College (1-4or	5+)	graph	ic art	is	t.		self e	olame	ved
b	e filed withing the filed withing other than vent, the M	Bec	17. Fether's Neme (First, Middle, Lest	)		J - F			18. Mother's Nem	e (First, Middle,			
a	should be and Menta marked imatic ev	ToB	Joseph Edward Ehr	mantraut					Elizabet	h M. Kai	ufmann		
Maryland 21215-0020	2 should be filed withing end Mental Hygiene. Is marked other than aumatic event, the Manatic event, the Man		19e. fnforment's Name/Relationship (	Type, Print)		19b. Meilir	g Address (S	Street	end Number or Ru	al Route Numbe	er, City or Tow	n, Stete, Zip	Code)
			Christina A. Reic	hel		8920	Walden	R	oad, Silv	er Spri	ng. Mai	rvland	20901
Baltimore,			20a. Method of Disposition		0.0	lece of Dispo	sition (Neme	of		Dete	20c. Location		
E			1 ☐ Buriel 2 🖸 Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		Θ		ke Cre			2-10-96	Reltsv	ille.	Maryland
alti	permit. Peg Department Important: h any injury o		21. Signature of Funerel Sarvice Lice	nsee		22	. Neme end A	Addra	iss of Facility				
	Physician		23e. Part1. Enter the diseesa, or com shock, or heart failure. List only	plications that cause one cause on each	ed the deeth				al Servic venue, Si ng, such es cardiac			Maryla	Approximete fintervel Between Onsat and Death
	/Medical		tmmediete Ceuse (Finet	Dulmon	281 E	2111100							1 week
	Examiner	ы	disease or condition resulting in death)	e. Pulmon		d I I U re							1 week
ш		ē		chroni				mo	narv dise	256		1	15 years
	eath certificate be executed ettending physician and for use as the burial-transit	Examiner	Sequentially list conditions	ь. Сптопт		es e conseq	1	IIIO	nary arse	use			13 years
0	an er		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury										
68760,	ysici yelch	edical	that infleted events	C	Due to (or	as a conseq	uence of):						
89	tifice ng ph es th	Jed	resulting in deeth) Lest		· ·		,						
XO	h cer endir	M/ue	Annual Property of the Control of th	d									
B.	death he etter ed for u	Physician	Pert II. Other signiffcant conditions of	ontributing to death I	but not resu	Ilting in the u	nderlying caus	se giv	ven in Pert i.	23b. Did t	obacco use c	ontribute t	o the cause of death?
P.0	that the dended by the detached	Phy								₩.	Yes 2□ No	3 □ Pro	bably 4 Unknown
ú	es the	b											
Record	aw requir	Completed									en eutopsy rmed?	av cc	fere autopsy findings relieble prior to omptetion of cause death?
	0 - 0	EO.								101	res 2 No	11	☐ Yes 2X No
Vital	ician: The certificate rector, pag	Be	25. Wes case referred to medical						26. Pieca of Daar	h (Check only o	ne)	1	
7	5 00 0	To 1	examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpati	ient 2 🗆 I	ER/Outpatien	t 3□ DOA	Oth	ner: 4 Nursing Ho	me 5 Resid	lenca 6 🗆 O	ther (Specia	fy)
n of			27. Menner of Deeth 1 Naturel 5 □ Panding	28e. Dete of Inj (Month, De	ury ev Year)	28b. Time of injury	28c.	Injur Wor	y at	28d. Describe h	ow Injury occ	urred	
Sio	Attending or death.  ector: After by the fune	atle	2 Accident Invastigetion	1		,,	М		Yes 2 □ No				
Division	P # F =	Certification:	3 Suicide 6 Could not b 4 Homlclde determined	286. Piece of in	njury - At ho tc. (Specify	me, farm, str	et, fectory, o	ffice		28f. Location (S City or Tox		nber or Run	el Route Number,
	To the Hospital within 24 hours e To the Funeral Completely filled	edical (	29e. Certifier (Check only one)	ysician: To the best niner: On the basis of end menner si	of exeminati	vledge, death ion and/or inv	occurred et t restigation, In	the tir	me, dete and pleca, pinion, deeth occur	end due to the ored et the time, o	ceuse(s) end r date and place	nenner es s ı, and due t	iteted. o the ceuse(s)
	To the within 2 To the comple	ž	29b. Signature and title of certifier	3	1	. 0	29c. L	icans	e number	10	29d. Date sign	ed (Month,	Day, Year)

State

Registrar

31. Dete fited (Month, Dey, Year)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

10881 Lockwood Drive, Silver Spring, Maryland 20901 Arthur S. Bresler, M.D. 32. Registrer's Signeture

Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Servic 

Amended #20b, 12/13/96, MRT Montg. Cty. Certificate of Death Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Edgar Harold Russell Justin 9, December 1996 /Medical 11:26 pm 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Washington Adventist Hospital 'akoma 1 a...

If Under 24 Hrs. Hours Min. (Month, Dey, Yeer)

Nov. 25, 1 Takoma Park Montgomery If Under 1 Yeer Months Days 6. Sex 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funerai** 1∏M 2□F Yrs Director N/A 0 0 14 1996 Maryland Usuel Residence of Decedent the Marylant 10a. Stete 10b. County 10c. City, Town or Location e notified at 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Directo Montgomery Rockville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? must be n Herre 23a 12512 Viers Mill Road, Apt. 201 20853 USA Funeral permit. Pages 1 and 2 should be tiled within 72 hours after deat. Department of health and Mental Hygiens. Important: If them 27 is marked other teams any injury or other traumers of other teams. 12. Wes Decedent Ever in U,S. Armed Forces?

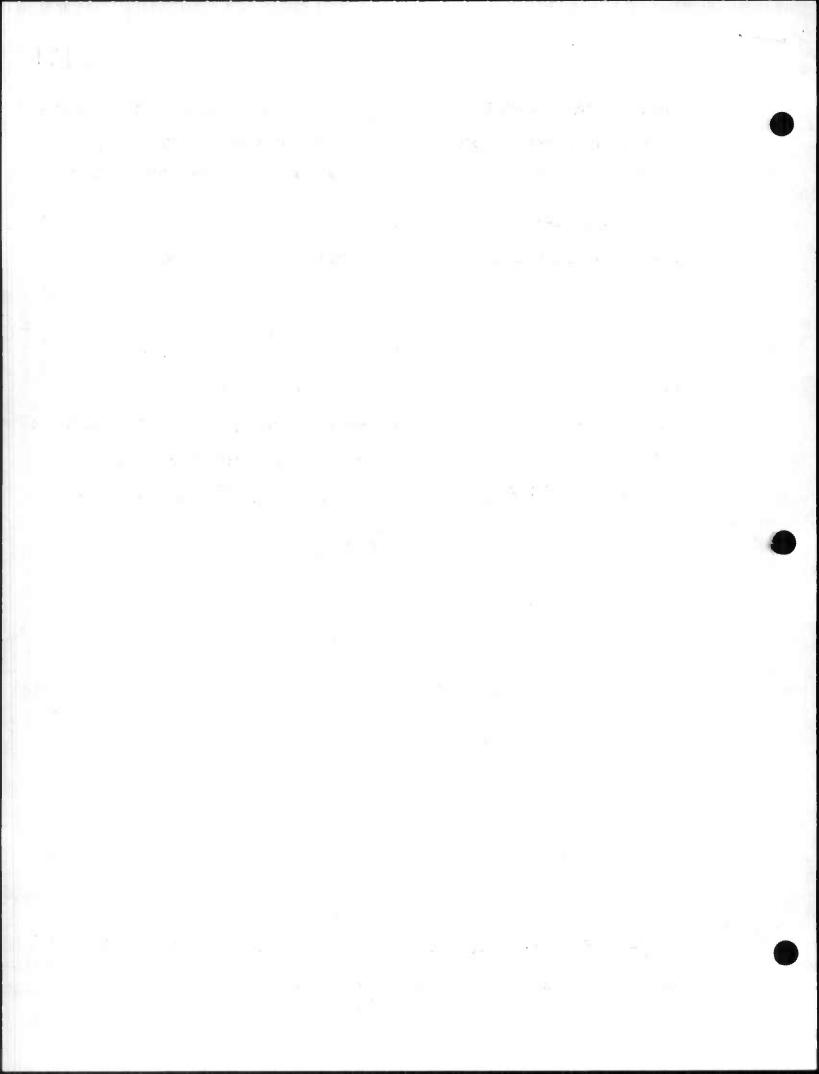
1 Yes 2 2 No if Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) N/A N/A N/A 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Edgar Russell Jestina Dougall 19a. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Edgar Russell 12512 Viers Mill Road, Apt. 201, Rockville, MD 20853 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete Murial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Gare of Heaven Cemetery 12/13/96 Silver Spring, MD Gate 21. Signature of Funeral Service License 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spg., MD 20901 Perm. Enter the disease, or complete ions that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner Cardiorespiratory Failure Due to (or es e consequença of): Examiner Congenital Heart Disease or Attending Physician: The law requires that the deeth certificate be executed -tran Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Last and Due to (or es e consequence of) the buriel Division of Vital Records, P.O. Box 68760, physician c. Multiple Organ Anomalies
Due to (or es e consequence of): Physician/Medical ed by the attending detached for use as Suspected Chromosomal Anomaly Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown Cleft lip and cleft palate þ Completed 24b. Were sutopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? hes this certificate 1 Yes 2 No 1 □ Yes 2 □ No 25. Wes cese referred to medical exeminer?

1 Yes 2 No Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 XInpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28a. Dete of tnjury (Month, Dey Year) Certification: Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Neturet 5 Pending death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident within 24 hours after deatl To the Funeral Director: completely filled in by the 6 Could not be determined 3 Sulcide 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 11X Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29e. Certifier Medical (Check only one) end manner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D43569 December 9, 1996 30. Neme and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) Olney, MD 2501 Lindenwood Dr. Hemalatha Hemachandra, M.D 1996 32. Registral spignature. Juna Saurdson-Randese State

**DHMH 16 Rev 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 39 132

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п	Physici	an	1. Decedent's Name (First, Middle, La	st) Olivia	Cor	muels			2. Date of Deet Month	-	gear 96	3. Time of 10:30	
Л	/Medi		Phy11is ( 4a. Fecility Name (If not Institution, giv		Sai	mueis		4b. City, Town, or	December	4c. County		10:30	Pri
4	Examir	ıer	Holy Cross Hosp:					Silver S		Montg		7	
	Funeral Director		5. Sociel Security Number 6. 5		(In yrs. last bir 87	Yrs. If Unc	ter 1 Year is Days	If Under 24 Hrs. Hours Min.		, Year 909	9. Birthpl Count V 1 1	ece (State d	or Foreign
	and w		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	n or Location					10	d. Inside Ci	ity I Imite
	Maryli f sho	ğ	Maryland Montgon			ilver S	pring	7				1 🗆 Yes	,
	r 28a	Director	10e. Street end Number	ne z y			Zip Code	>	11	Og. Citizen of V	/hat Count	try?	-
	th wit	alD	104-E Indian Spr:	ing Drive			2090	)1		United	State	es	
Maryland 21215-0020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, in Medical Examines must be notified at 2006.	by Funeral	11, Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☐ X\(\text{Y}\)\(\text{I}\)\(\text{V}\)\(\text{I}\)\(\text{V}\)\(\text{V}\)\(\text{I}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\text{V}\)\(\tex			cedent of Hoecify Cube	lispenic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	Biec	a - America k, White, e	itc.	
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra	fucation	16a.	Decedent's Us	sual Occup	ation	dring	16b. Kind of Bu	siness/ind	uatry	
121	Ann	mpie	Elementary/Secondary (0-12)	College (1-4or 5+	)			during most of world)	King	Com		cation	
d 2	Hygie ther t		17. Fether's Neme (First, Middle, Last)			U	perat		ne (First, Middle, A			actor	15
lan	id be ental ked o	To Be	Joseph Lawrence					Ruth	no (* **ot, ***ioolo, ii	raidori Obritarii	Cla	rke	
any	shou and M a mar umat	-	19a. Informent's Name/Relationship (		19b	. Mailing Addre	ss (Street		ıral Route Number	City or Town,			
	end 2 saith a 27 ls		Phyllis R. McKee						., Silve	r Sprin	g, Mo	1. 209	01
Baltimore,	Peges 1 ment of He ant: If Item ury or oth	00	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Cub.	Removal from State		Disposition (A ry, crematory of awn Mem			Date :	20c. Location - Rockvil			and
Balt	permit. Departimoru Importi		21. Signature of Funeral Service Light	only -		Hamps	hire	Ave. Si	ral Home	ing. Md			
	Physician		23a. Part1. Enter the disease, or com shock, or heart failure. List only	picetons that caused the conscious course on each line	he death. Do r	not enter the m	ode of dylr	ng, such as cardiad	or respiratory erre	est,	-	Approximate Interval Bet Onset end I	e ween Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition	Uremia								2 Week	cs
	LAGITITICI	100	resulting in death)			consequence o							
Т	ned I	mine		b. —————		,	_	Disease			-		
oʻ	tificate be executed g physician and es the burial-trensit	edical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	U	ue to (or as e o	consequenca o	1):				1		
68760,	ate be hysici the bu	dical	that Initiated events resulting In death) Last	C. Di	ue to (or es e o	consequence o	f):						
	2 00		L	d									
P.O. Box	eath c	cian											
o.	thet the death cer led by the ettendin deteched for use	Physician/M	Part II. Other eignificent conditions of	ontributing to death but	not resulting Ir	the underlying	cause giv	en in Part I.		becco use con			
	es thet igned t be det	by P	Dementia						1010	s 2∭ No	3   P100	ably 4	Unknown
Division of Vital Records,	aw requires been s	Completed							24a. Wes ar perform	n autopsy ned?	eve	re autopsy f ileble prior t apletion of c leeth?	0
		Con							1 □ Ye	s X No	1 🗆	Yes 2	No
Zita Zita	certificate rector, pag	Be	25. Wes case referred to medical exeminer?	Hospital: _w			044		ath (Check only on	9)			
ou of	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certifical completely filled in by the funeral director.	Certification: To	1 ☐ Yes ♣CXNo  27. Manner of Deeth t♣☐ Natural 5 ☐ Pending	28e. Dete of Injury (Month, Day)	28b. 7	tpatient 3 I	28c. Injur Wor	y at k?	ome 5 Reside			)	
18	death ctor: yy the	flcat	2 Accident Investigation 3 Suicide 6 Could not be determined		r - At home, fa			Yes 2 □ No	28f. Location (Sti	reet and Numbe	er or Rural	Route Num	ber.
ă	after after Direct of in the	erti	4 ☐ Homicide determined	building, etc.	(Specify)		.,,		City or Town	, State)			
	e Hospitu n 24 hours e Funera detely fille	edlcai (	29a. Certifier 1 Certifying Ph	yaiclan: To the best of a liner: On the basis of e	my knowledge xaminetion and	, death occurre	od et the tim	ne, date and place pinlon, death occu	, end due to the ca rred at the time, da	use(s) and mai ite and place, s	nner as sta and due to	ated. the cause(s	)
	To the To the comp	X	29b. Signature and March countries	10	W	2.11) 2	9c. Licens	e nu <i>m</i> ber	29	d. Dete signed	(Month, E	Dey, Year)	
	,		1/1/2/1/20	XY	7/1/0	100	DO112	20	D	ecember	9,	1996	
	5		30. Name and address of person who of Walter E. Gooz				Wheat	on, Mary	land 209	02			
	Sta Registra		31. Date filed (Month, Day, Year)  DFC 1 3 1006	32. Registrar		1.00			w.:			1174	

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** December To, 1996 Dawn Marie Sayers 4:00 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 13208 May Court Silver Spring Montgomery If Under 1 Yeer | If Under 24 Hrs. | Months Days Hours Min. 5. Social Security Number 9. Birthplece (State or Foreign 1948 Maryland 8. Date of Birth (Month, Day, Year) January 2, 7. Age (In yrs. last birthday) **Funeral** 1 M 2 KF Days 217-44-8771 48 Yrs Director Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ns 23a or 28a-f shov 1 Yes 2 No Directo Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 13208 May Court 20906 United States Funeral death 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☐ No
If Yes, Give
Year or Dates: itams 11. Marital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, traumatic event, the Medical Examiner Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after and of Health and Mental Hygiene.
int: If Itam 27 is marked other than "natural", or ital 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Completed by Specify: white 3 ☐ Widowed 4 ☐ Divorcad 15. Decedent's Education in only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry (Specify only highest grade Elementary/Secondary (0-12) College (1-4or 5+) warranty administrator automotive dealership 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Frank Menter Angela Jean Redmond 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If itam 27 is any injury or other trau once. Michael Wilson Sayers 13208 May Court, Silver Spring, Maryland 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Beltsville, Date 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 12-10-96 Chesapeake Crematory Maryland 22. Name and Address of Facility
Rapp Funeral Services, P.A. 21. Signature of Funeral Service Licensee arol 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseesa or condition resulting in death) **Examiner** Due to (or as a consequenca of) The law requires that the death certificate be assecuted attending physician and for usa as the bunal-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as e consequence of): been signed by the a should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco uss contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 💢 Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? has 2 No certificate 1 Yes 1 Yes X No or Attending Physician: Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) 2 1 ☐ Yes 2 XNo Other: 4 Nursing Home 5 🕅 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Death Certification: 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. injury at Work? Natural 5 Pending Investigation death. 1 Yes 2 No 2 Accident Director: 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by 4 Homicide Medicai 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and dua to the cause(s) and menner steted. 29a. Certifier (Check only one) 29b. Signature eng title of 29c. License number 29d. Date signed (Month, Day, Year) nn 0 35635 Le 10,1996 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Joseph Kaplan, M.D., 18111 Prince Philip Drive #327, Olney, Maryland 31. Date filed (Month, Day, Year) 32. Registrer's Signature State DEC 1 3 1996 Luka Tavidson Randalle Registrar

**DHMH 16 Ray 6/95** 

such and the same of 

State of Maryland / Department of Health and Mental Hygiene 96 39 1 3 4

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth Month **Physician** 10,1996 7:35p.m. Phillip Rodney Sedwick December /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Charles 14180 Meadow Creek Lane Waldorf If Under 1 Year if Undar 24 Hrs. 8. Dete of Birth June 10 1947 5. Social Security Number 6. Sex. 1☐M 2☐ F 7. Age (In yrs. last birthday) 9. Birthpleca (Stete or Foreign Country) **Funeral** Months Deys Hours 577-62-9959 49 Yrs. VA Director Usual Rasidenca of Decedant the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inaide City Limits ir than "natural", or itema 23a or 28a-f show the Medical Examiner must be nutified at MD 1 ☐ Yes 2 No Charles Director Waldorf 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 72 hours after death with 14180 Meadow Creek Lane 20601 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 Yes 2 No If Yas, Give Yaar or Dates: 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 HNo Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada completed) 18b. Kind of Businass/Industry filed within 7 Hygiene. al Hygiene. Elamentary/Secondery (0-12) Collega (1-4or 5+) Food Warehouseman 12 17. Father'a Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) Be 2 should be fi merked Marguerite B. Wood Sedwick Joe Kirby Sedwick 2 permit. Peges 1 and 2 shr Department of Heelth end Important: If flem 27 le m any Injury or other treum 906.8. 19a. Informant'a Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Paula Jobread 14180 Meadow Creek Lane Waldorf, MD 20601 20b. Place of Disposition (Nama of compatery, cremetory or other place)
Beahm's Chapel Cem. 12/13/96 Luray, VA 20c. Location - City or Town, State 20a. Mathod of Disposition 1 Burial 2 Crametion 3 Ramoval from Stete 4 □ Donation 5 □ Other (Specify) 21. Signature of Funaral Servica Licenses AREHART ECHOES FUNERAL HOME. INC. P.O. Box 567 LaPlata, MD 20646 LM00945 arro 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate val Bat Onset and Death Physician /Medical Immediata Cause (Finel diseasa or condition rasulting in death) Lung Cancer Examiner Dua to (or as e consequence of): Examiner ician end buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or Injury Dua to (or as e consequance of): physician the buriel Physician/Medical that initiated events rasulting in daath) Lest Due to (or as a consequence of): 60 ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by a 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of causa of daath? Completed been has 1 Yes 2 No certificate 1 ☐ Yaa 2 ☐ No or Attending Physician: 25. Was casa raferred to madical axaminar? Be 28. Piece of Daath (Check only ona) Hospital: 1 Inpatient 2 ER/Outpetlent 3 DOA Othar: 4 Nursing Home 1□ Yes 20 No 2 98 Residenca 6 □Othar (Specify) 24 hours effer death.

Funeral Director: After this funeral 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 1-2 Natural 5 Panding invastigation 2 Accident 1 Yes 2 No 6 Could not be datamined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida Hospital Certifying Physician: To the best of my knowledga, daath occurred at the time, deta and place, and dua to tha cause(s) and manner as stated.

The dical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29e. Certifier edicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and titla of certifier 29c. Licansa number 29d. Dete algned (Month, Day, Year) D28352 December 11,1996 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) M.D. - P.O. Box 2729, La PLata, MD 20646 Krishan Mathur,

32. Registrar's Signatura

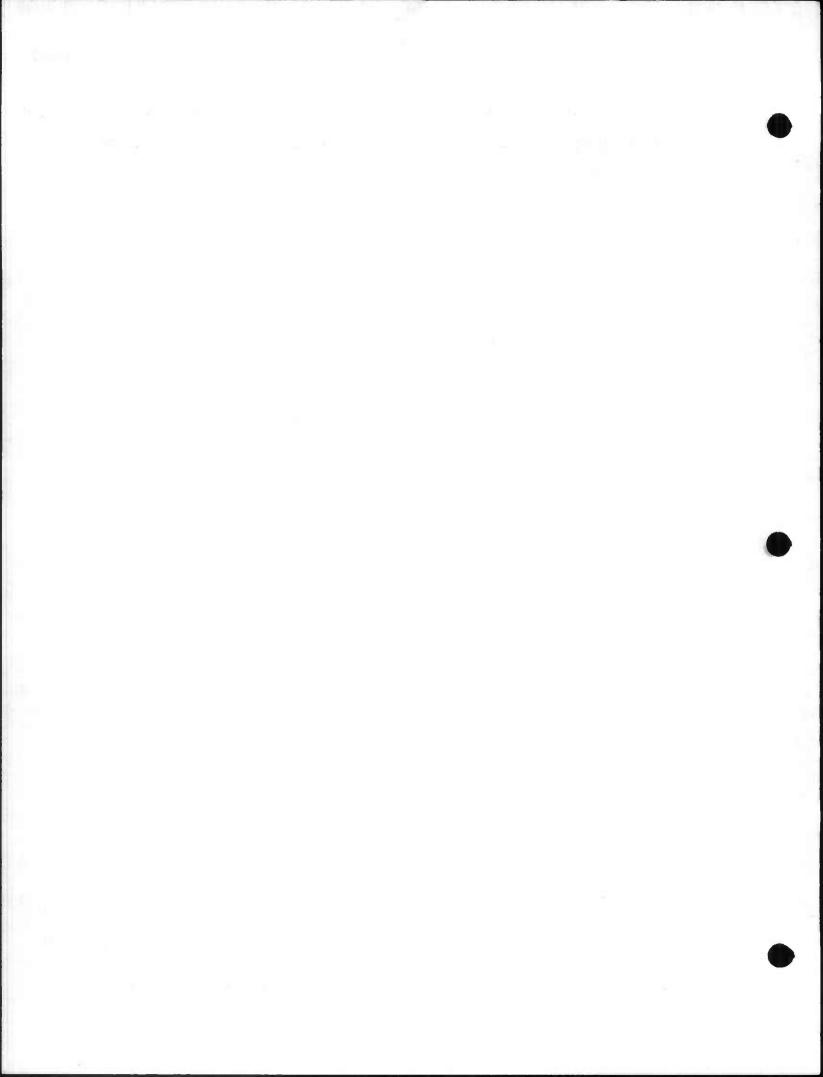
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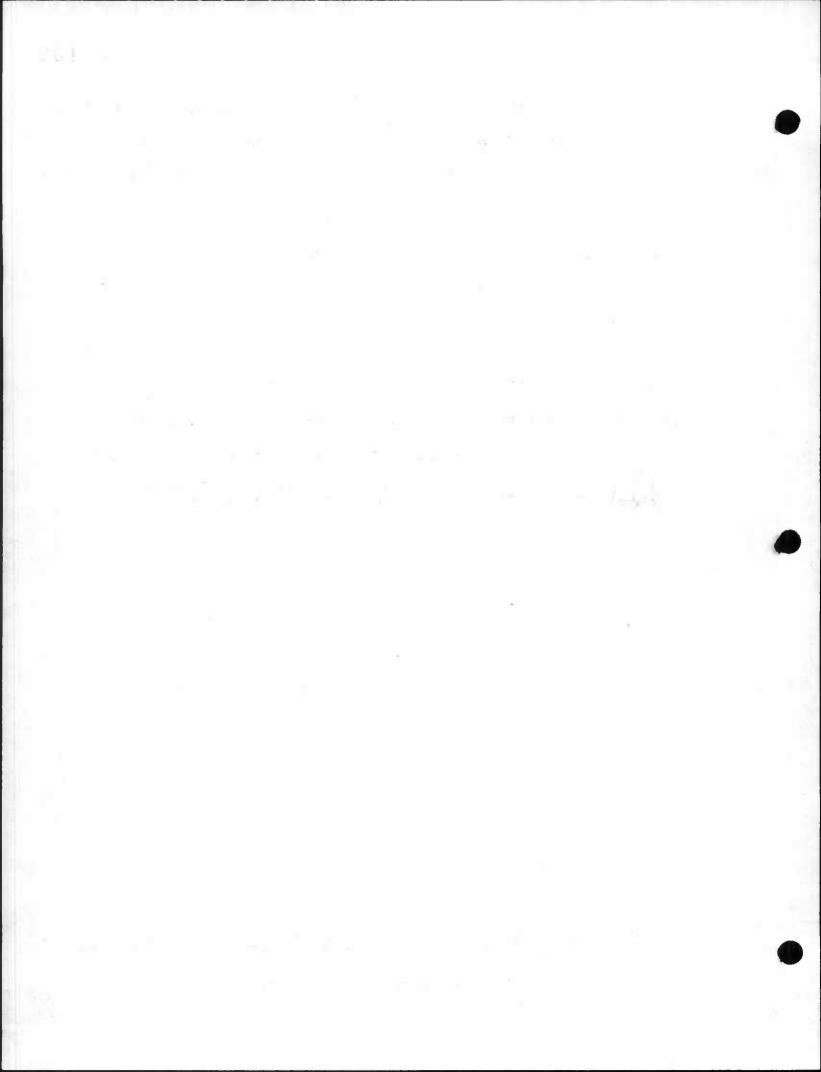
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31. Deta filed (Month, Day, Year)



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						ertificate		eath		leg. No.	) (	00100
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	ysicia Vedica		MARK	RICARDO		Stew	art		Decemb		96	9:45P
	amine		4a. Facility Name (If not institution, give	street end number)			4b.	City, Town, or Lo		4c. County of		
			The Memori	al Hospital				Eastor	1	Talb	ot	
Fun	eral		Social Security Number     6. Security Number	MM OFF		Months		f Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Dev	Year)	9. Birthp	lace (Stete or Foraig
Direc	ctor		215-80-1874 Usual Residence of Decedent	32	Yrs	3.			OCT.	Talb (Year) 31,1964	1	MD.
pue &		-	10a. State 10b. County	10c, Ci	ty, Town o	r Location					1	0d. Inside City Limits
Manyl f sho	20	6	MD. PRINCE	GEORGES		LE HIL	LS					1 □ Yes 2 □ No
the t	notify.	ခွ်	10e. Street and Number	OZOKOLO	12.11	10f. Zip C				0g. Citizen of Wi	hat Cour	
with sa or	8			DDTUE			0748	0				шуг
deeth 78 2	2	Funeral Director	3200 CURTIS 11. Marital Status	12. Was Decedent Ever in U	.S.				ecify Yes or No-	U . S . A		an Indian.
Datumore, Maryland 21213-0020 permit. Pages 1 and 2 should be filed within 72 hours eftar deeth with the Maryland Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show	Examiner	D A	Never Married 2 Married 3 Widowed 4 Divorcad	Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates:		If Yas, specify		anic Origin? (Spe Maxican, Puerto Specify:	Rican, etc.)		, White,	etc.
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within 7 ena."n	Med .	ğ	(Specify only highest grad Elementery/Secondary (0-12)	College (1-4or 5+)	(G lif	e. DO NOT use	done duri retired)	on ing most of worki	ng			
N be will will be with the wild will be with the will be willight.	2	5	12			ACCOUN	TAN	Т		RESEA	RCH	COMPAN
be filed trail Hygi	Men.	Re	17. Father's Name (First, Middle, Last)				18	8. Mother's Name	(First, Middle, I	Meiden Sumeme	)	
arylan should be nd Mental	Bilc	0	WEBSTER STE	WART				MARY	HYNS	SON		
Maryland of 2 should be file Ith end Mental Hy 27 Is marked othe	Eng		19a. Informant's Neme/Relationship (T		19b. M	ailing Address (S	Street end	d Number or Aure	l Route Number	r, City or Town, S	itete, Zip	Code)
1 and Health	ner tr		WEBSTER STEWAR					YS CORN	IER RD.	CORDO	VA,	MD.2162
ballimore, bemit. Pages 1 ar Department of Hea	ury or oth		20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □ I  4 □ Donation 5 □ Other (Specify,	Removal from Stata	cemetery,	sposition (Neme cremetory or othe N CEME	er pleca)	Y 12/	Date / 9/96	NEWTOW		
permit. P	any Inj		21. Signatura el Funtral Servica Licans	99		22. Name and						
205	E 8		P A L					N-FLUH <i>P</i> VER ST.				
exacuted un and		edical Examiner	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause, (Disease or injury	b		sequenca of):	17010	ope !		sircy .		
ath certificate be executed		larymedical	resulting In death) Last	Due to (c	rasa con	sequance of);						
et tha dee	ped i	200	Part II. Other eignificant conditions con	ntributing to death but not res	ulting in th	e underlying cau	se given I	In Part I.	23b. Dld to	bacco uae cont	ribute to	the cause of death
as thet the death cer igned by the attendir	8 3	2	Severe a	er coma	ve	otro	pe	Nia	1 🗆 Y	• 2□N6 :	3 Prot	ebly 4 Unknow
0 00 00	5 Should	combieted	Raposi's	ar coma					24a. Was a perform		ava	ere eutopsy findings allable prior to appletion of cause death?
ician: The lav	director, page	5							1 □ Y€	s 20No	10	Yas 2 No
clan:	octor.		25. Was case referred to medical examiner?				_	6. Place of Death	(Check only on	e)		
Physician:	E P		1 Yes 2 No		ER/Outpa	tient 3 DOA		4□ Nursing Hor	ne 5 Reside	nce 6 Other	(Specify	)
Afte	led in by the funera	and a	27. Manner of Death  1. Naturai 5 Pending 2 Accident invastigation	28a. Date of Injury (Month, Dey Year)	28b. Time Injur	e of 28c	Injury at Work? 1 ☐ Yes	2 No	28d. Describe ho	w Injury occurre	d	
tal or Attencers after death	Certifi		3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Specif	oma, farm, v)	street, factory, o	ffice	2	8f. Location (St City or Town	reet end Number n, Stete)	or Aura	l Route Number,
To the Hospital or / within 24 hours after To the Funeral Director of the Fune	plately TII	8	29a. Certifier 12 Certifying Physical Check only one) 12 Medical Exami	sician: To the best of my kno ner: On the basis of exemina and menner stated.	wiedge, de tion and/or	eath occurred at the investigation, in	he time, o my opinio	date and placa, a on, deeth occurre	nd dua to tha cand at the time, do	ause(s) and mani ete and placa, an	ner as st ad due to	ated. the cause(s)
Withi To th	2		29b. Signature and title of certifier	20		29c. L	icense nu	mber	2	9d. Data signed	(Month, I	Day, Year)
			Janos!	10000	TD	D	31	376	,	12-6	9	6
		:	30. Name and address of person who co	mpleted cause of deeth (Item	23e) (Typ	oe, Print)						
			JAMES SIDES	M.D. 920	MARI	KET ST	DE	NTON, M	D.2162	9		
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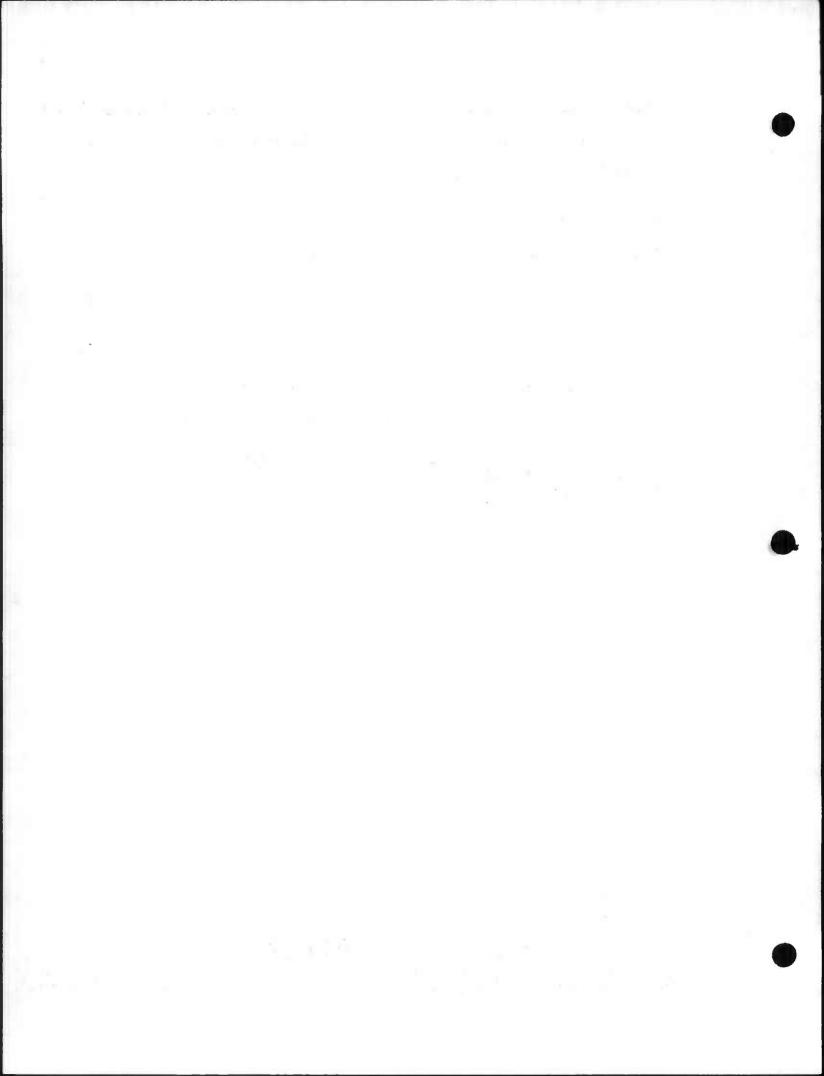
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				State of Ma	aryland /	Certificate of			Reg. No.	) 3	19136
	Physici	an	1. Decedent's Neme (First, Middla, L.	ast)				2. Date of De Month		Yaar	3. Time of Death
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	72 hours after deeth with the Maryland neturel; or items 23a or 28=4 show dest Examiner must be notified at	ctor	Maryland Prince	Georges	Fort	Washington					1 XYas 2 No
	or 28	Director	10e. Street and Number		1010	10f. Zlp Code			10g. Citizen of W	hat Cour	ntry?
	23a		5510 Haras Place			20744	1		US	SA	
	er de	Funeral	11. Maritel Status	12. Was Decedent 8 Armed Forces?		13. Was Decedent of I ff Yes, apecify Cub	Hispenic Origin? (S an, Mexican, Puert	pecify Yas or No o Rican, etc.)	H 14. Race Bleck	- Amaric , White,	an indlen, etc.
20	rs aft	by F	1 Never Merried 2 Married 3 XWidowed 4 Divorced	1 X Yas 2 N if Yes, Give Year or Detes: 1		1 ☐ Yes 2 🛣 No	Specify:		Specify:	Amonari a	man Traditions
9-0	neturel',	Pel	15. Decedent's E	ducation		a. Decedent's Usual Occup	pation		16b. Kind of Bus		can Indian
215	d within 72 ho jiene. r than "natur fre Medical.	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade completed) Coilege (1-4or 5	+)	(Giva kind of work done life. DO NOT use retire	during most of world)	rking			
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Baltimore,	permit. Pages Department of I Important: If ite any injury or or once.		1 Buriei 2 ☐ Cremetion 3 D 4 ☐ Donetlon 5 ☐ Other (Speci			ery, cremetory or other ple ns Cemetery Dec		1006	Chelten	om A	fore [seed
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			30, Name and address of person who	completed cause of de	eath (item 23e)	(Type, Print)	111 1	7	A 1.1.	11.	10)3014
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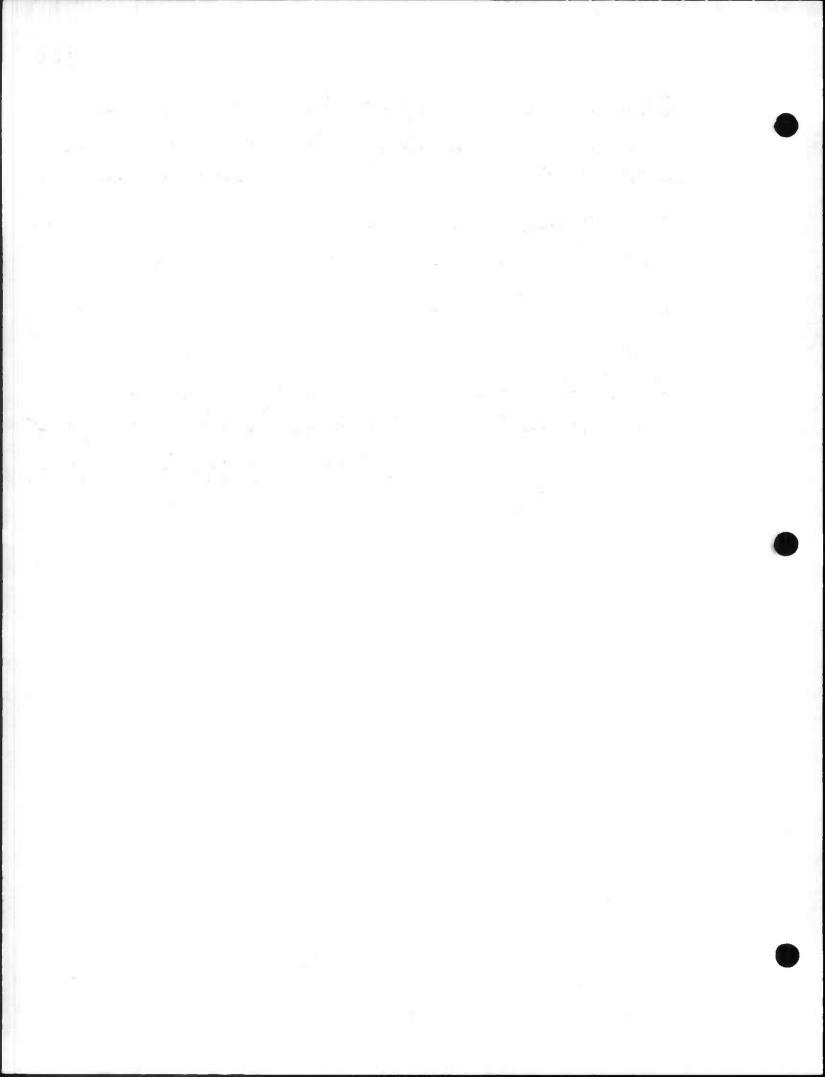
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	Physici /Medi		Earl Luth	er Shoemak	er					Dec	13	1996	19:0	27
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			12215A Big S	pring Rd.				Clea	r Sp	oring,	Wash	ingt	on	
	Funeral			Sax 7. Age (In yi	s. lest birth	day) If Under Months	1 Yaar Days	If Under	24 Hrs.	8. Dete of Birt (Month, Da)			ieca (Stete e	or Foreign
	Director		219-20-1793	71 × 2□ F	Yr	S. MORITIS	Days	Hours			, 1925	MD		
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Bô	D S			d										
. E	0 0 0	Physician/	Part II. Other significant conditions of	ontributing to death but not re	sulting in th	ne underlying c	euse gh	en in Part I		23b. Did t	obacco use co	ntribute to	the cause	of death?
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ō	s after is Direct ed in by	Certification:	4 Dilomoide	building, etc. (Spec	ary)					City or Tow	ni, Siere)			
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	he H in 24 he Fi plete	edical	one) 2 Medical Exam	iner: On the basis of exemir end manner steted.	etion and/c	r investigetion,	in my c	pinion, dea	tn occurre	d at the time, o	date end place,	and due to	the cause(s	2)
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	Registra	ar	DEC 1 7 19	96 July Shoots	ertur	all								
-				Last .										



			State of Maryland / Department of Health and Mental Hygiene 96 39   38
			1. Decedent's Neme (First, Middla, Last)  2. Date of Deeth  3. Tima of Death
	Physici /Medi		RICHARD STANLEY SHOCKEY, SR Dec 14, 1996 11:00
	Examir		4a. Fscliity Neme (If not institution, give street and number)  4b. City, Town, or Location of Death  4c. County of Deeth
			Washington County Hospital Hagerstown Washington  5. Social Security Number 6. Sax. Ada (In yrs. lest birthdey) If Under 1 Year of Under 1 Year of Birth 9. Blith Nova (State or Foreign
	Funeral		5. Social Security Number 6. Sax, 7. Aga (In yrs. lest birthdey) If Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Year in Under 1 Ye
	Director		205-09-0289 Bay 20 F 82 Yrs. William Ca Pa. Usual Residence of Decedant
	nylan show		10a. State 10b. County 10c. City, Town or Location 10d. inside City Limite
	r 28a-f ehow	ecto	PA Franklin Waynesboro 10 Yes 2 No
	with the or	D.	10e. Street and Number  12951 Mentzer Gap Rd  10f. Zlp Coda  10g. Clitizan of What Country?  USA.
	frems 23a	Funeral Director	11. Marital Status 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-
0	or he		1 Nevar Married 2 Married 1 A Yas 2 No
21215-0020	within 72 hours after death with the Maryland ene. then "natural", or items 23a or 28a-f ehow its Medical Examiner must be notified at	d by	3 Na Wildowed 4 Divorced Year or Detes: 42-45
-51	in 72 in at	olete	15. Decedant's Education (Specify only highest grada complated)  16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired)
212	yglene. yer thar	omo	Elamantary/Secondary (0-12) College (1-40r5+) Laborer Hircraft Mfq.
pu	be filed tal Hygk d other event,	Be Completed	17. Fathar's Nema (First, Middla, Last)  18. Mother's Nema (First, Middla, Malden Surnama)
Maryland	should be nd Mental marked o	To	Elmer H Shockey Ivy C. Emory
Ma	2 8 5 8		19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number of Rural Routa Number, City or Tolm, State, Zip Code)  Richard S. Shockey, Jr. 12870 MeyHzer Gen Ed Wzynes boro Pa 17268.
ē,	other tr		
E O	Page Part At: H		20e. Mathod of Disposition  1 & Burial 2 Cramation 3 & Ramoval from Stata  Completely, cramatory or other place)  Colony (specify)  20b. Place of Disposition (Nama of Completely, cramatory or other place)  Completely, cramatory or other place)  Colony (specify)  Colony (specify)
Baltimore,	permit. Page Department of important: If any injury or once.		21. Signature of Funeral Sarvice Licensee 22. Nama end Address & Facility Grove Funeral Home, Inc
ш	20229		James A Bowersof 505 Broad St Waynesboro Pa 17268
			23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory errest, Sheek or heart failure. List only one cause on each line.  Onset and Death
	Physician /Medicai		Immediate Cause / Finel
	Examiner		disease of condition resulting in deeth)  a. 2 Frst (  Doe to (or as a consequence of):
-	D #	iner	- Meliodia
	be executed siclan and burial-fransit	Examiner	Sequentially list conditions, if any, lesding to immediate cause. Enter Underlying Cause, (Disease or Injury c.
58760,	death certificate be e. e attending physician od for use as the buria	dical	that initiated events
_	ng phys	633	resulting in deeth) Last
Box	v requires that the death certific been signed by the attending p should be detached for use as	Completed by Physician/M	d.
P.O.	the de	ysic	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Psrt I.  23b. Did tobacco use contribute to the cause of death?
	s that the ned by th e detache	y P	End gtage king Difler. Phip bel 10 Yes 21 No 30 Probably 40 Unknown
of Vital Records,	w requires been sign should be	Pe	Why City dir Office H (200 ) 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to
ecc	law re las be	piet	completion of cause of dasth?
E B	The sate h	Con	1   Yas 2   No   1   Yas 2   No
Vita	ician: certific	Be	25. Wes case referred to medical examinar?  Hospital:   Mospital:
o	r this erei di	. To	1 Vas 2 No roospical 1 Inpatient 2 ER/Outpatient 3 DOA rooms: 4 Nursing Home 5 Rasidanca 6 Other (Specify)  27. Mappier of Death 1 Vaturel 5 Panding 28a. Data of injury (Month, Day Year) 28b. Tima of Injury Work? 28d. Dascribe how injury occurred Work?
ion	ath. r: Afte	atio	1 ☑Naturel 5 □ Panding (Month, Day Year) Injury Work? 2 □ Accident invastigation M 1 □ Yas 2 □ No
Division	r Atte her de irecto n by ti	Certification:	3 Suicide 4 Homicida  28a. Placa of Injury - At home, ferm, streat, factory, office building, atc. (Specify)  28f. Location (Street and Number or Rural Route Number, City or Town, State)
Ω	pital cours at postal Diffiled in		29e. Certifilar 12 Certifying Physician: To the best of my knowledge death occurred at the time date and place and due to the cause(s) and manner as ested
	To the Hospital or Attending Physician: The law within 24 bours filed cada.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.	edical	29e. Certiflar  (Check only one)  12 Certifying Physician: To tha best of my knowledga, deeth occurred et tha tima, data and place, and due to the ceuse(s) end mannar as stated.  2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and place, and due to the causa(s) and mennar stated.
	within To th comp	M	29b. Signature and titla of certifier 29c. License number 29d. Dete signed (Month, Day, Year)
			D 22313 12-14-96
			30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)  [21] POZH May WBJH/JGTON CONJTY HOSPITAN
	Sta Registra		31. Data filed (Month, Day, Year)  DEC 1 6 1996  Authorities (Month, Day, Year)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39139

				Otate of Ma	ii yiai ia 7		ificate of	Death		Reg. No.	) )	3133
			1. Decedent's Neme (First, Middle, Last,	)					2. Data of Dea	th		3. Time of Deeth
	Physici /Medic		Mary Magdalene Sh	aw					Month DECEMB	Dey Ell 16	Yeer 1994	23:30
<i>).</i>	Examir		4a. Facility Neme (If not institution, give	street and number)				4b. City, Town, or		4c. County		
			Washington County	Hospital				Hagerstov		Washi	ngtor	1
	Funeral		5. Sociel Security Number 6. Sec	X 7. Age	(In yrs. last bi	A	If Under 1 Year Months Days	If Undar 24 Hrs Hours Min.	(Month, Day	Year)	9. Birthple Count	ece (Stete or Foraign
	Director		215-14-2042	1 14 2 W	74	Yrs.			July 3.	1922	Mary	and
	pue **		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tov	vn or Local	tion				10	od. Inside City Limits
	Very f sh	ō	Maryland Washingt	on	Sharps	shura						1 ☐ Yes 2 ☒ No
	the 288	rect	10e. Street and Number	.011	onal p.	Jour 9	10f. Zip Code			I Og. Citizen of V	Vhet Couni	n/?
	3a o	Funeral Director	17420 Miller's Saw	mill Rd			21782			USA		
	death me 2	Jera		12. Was Decedant E	ver in U,S.	13. We		fispanic Origin? (S en, Maxican, Puer	pecify Yes or No-		e - America	in Indian,
0	after v Ite	Ē	1 Never Merried 2 Married	Armed Forcas? 1 ☐ Yes 2 🖾 N	o				o Rican, etc.)	Blac	k, Whita, e	tc.
00	raf.	by	3 Midowed 4 Divorced	If Yes, Giva Yeer or Detes:		1	Yes 210 No	Specify:		Specify	Whit	e
21215-0020	72 h natu	Completed	15. Decedent's Edu (Specify only highest gred	cation e completed)	186	Deceden	nt's Usuel Occup	pation during most of wo d)	rkina	16b. Kind of Bu	sinass/Ind	ustry
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S	and 2 saith ar			Son		_		Sawmill				
ē,	ges 1 and 2 should be filed within 72 hours after death with the Meryler to f Health and Mentel Hygiene. If Item 27 is marked other than "natural", or Items 23s or 23s—f show or other treumatic event, the Medical Examiner must be notified at		20e. Method of Disposition	0011	20b. Pleca d	t Dispositi	Ion (Neme of		Dete Dete	20c. Location ·		
e e	Peges nent of I mt: If its iry or o'		1 X Burial 2 ☐ Crametion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	lemovel from Stata			tory or other ple	metery D	20 10	06 Sha	wnchi	irg, MD
Baltimore,	그투투증		21. Signature of Funerel Service License	96	Hount	22. N	lame end Addra	ss of Facility		30 3110	ii bant	וו שליו ווי
Ö	Departiment Department					0.5	borne F	uneral Ho		(2772		MD 04705
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	Physician		STOCK, OF NOOIL CONDIE. LIST ONly OF	io causo on ogon inte	9.							Interval Between Onset and Death
	/Medical Examiner		Immediate Ceuse (Finel disease or condition	Cardie	ives las	shock	k ischen	ic Coverage	extern dis	ane)	4	8 hous.
		_	resulting In deeth)	C	Due to (or es a	conseque	nce ot):	1				
	nsit	Examiner	_ t	)			,				-	
ď,	eath certificate be executed ettending physician and for use es the burial-transit	Еха	Sequentially list conditions, if eny, laeding lo immediate cause. Enter Underlying Cause (Disasse or Injury that initiated events		Due to (or es e	consequa	nce of):					
68760,	e be be	edical	Ceuse (Disaase or Injury thet initiated events	)	ue to (or as a	COURBUILD	nce off:					
	tifical g phy es th	-	resulting In deeth) Last		10 (01 43 4	conseque	1100 017.				1	
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	0 0 0	sicla	Part II. Other significant conditions con	tributing to death but	not resulting	n the unde	erlying cause giv	ven in Pert I.	23b. Did t	obacco use cor	ntribute to	the cause of death?
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of	this aldi	2	1 ☐ Yes 2 ☑ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	1 Le Inpatien		Tima ot	3□ DOA Ott	4 Li Nursing F	iome 5 ☐ Resid			
0	ding Ph. After th funeral	tlon	1 ☑Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year)	Injury	28c. fnju Wor M 1□	rk? Yes 2 □ No	200. Dascribe ri	ow injury occurr	60	
Division	Attending ir death. actor: After by the fune	Certification:	3 ☐ Sulcide 6 ☐ Could not be	28e. Piece of Injur	v - At homa, fe	erm, street			28f. Location (S	treet and Numb	er or Rural	Route Number.
Ö	after Dire	ert	4 Homicide	building, etc.	(Specify)	,	,, , ,		City or Tow	n, Stete)		
	hours hours merel y fille	alc	29a. Certifier 1 Certifying Phys	iclan: To the best of	my knowledge	e, deeth oo	ccurred et the ti	me, dete end place	, and dua to the o	ausa(s) and me	nner as ste	ited.
	To the Hospital or Attending F within 24 hours after death.  To the Funerel Director: After completely filled in by the funer	edicai	(Check only 2 Medical Examir one)	ner: On the besis of e and menner stet	examinetion ar	nd/or inves	itigetion, in my o	pinion, daeth occu	rred at the Ilme, o	late and plece,	and due lo	he cause(s)
	To t com	Σ	29b. Signatura and title of cartifiar	//	10.0		29c. Licens	,	4	9d. Data signed	Month, E	ay, Year)
			M.Z.	agen "	no		D	26579		12/17/	96	
			30. Name and address of person who	eleted cause of de	eth (Item 23a)	(Type, Pri	/ /	,				
			31 Date filed (Month Day York)	/47	Norther	n Av	e, Hug	arstown,	nd :	21740		
	Sta Registra	_	31. Dete filed (Month, Day, Year) DEC 1 8 19	32. Registrer	Signature	Rodal	ų.					

State of Maryland / Department of Health and Mental Hygiene 96 39 140

						Certificate of	of Death		Reg. No.		, , , , ,
	Dhunin	lan	1. Decedent's Neme (First, Middle, Li	*				2. Dete of De Month	eath Dev	Veer	3. Time of Death
	Physic /Medi		Jack Leroy SHRAI	DER, Sr.				Dec	. 16,1	196	1050 AM
	Exami	ner	4a. Fecility Neme (If not institution, gir					, or Location of Deet	,		
L			Washington Count			Kiladar 1 V	1	erstown		shin	
	Funeral Director			Sex 7. Agr 1⊠M 2□F	e (In yrs. last bi	Yrs. If Under 1 Your Months De		Min. 8. Dete of Bir (Month, De June 9	oy, Year) , 1919	9. Birthp Cour Mary	pleca (State or Foreign http: Land
	puel Maria		10a. Stete 10b. County		10c. City, Tov	vn or Location				1	Od. Inside City Limits
	he Mary	ector	Maryland Washin	ngton		Hager					1 ☐ Yes 2√2 No
	23a or 2	Funeral Director	1945 Day Road			10f. Zip Coo	21740		10g. Citizen of V USA		itry?
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5-0	"naturel",	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a	. Decedent's Usuel Od	cupation	f working	16b. Kind of B	usiness/In	dustry
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	77 50 30	S	12	2		quality					products
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lar	0 9 9 6		19e. Informent's Neme/Reletionship	Type, Print)	191	b. Melling Address (St.	reet and Number	or Rural Route Numb	er, City or Town,	Stete, Zic	Code)
	f Heeith fem 27 I		E. Hope Shrader -	- wife		945 Day Ro					
Baltimore,	0 0 1		20e. Method of Disposition  1 🖾 Burial 2 Cremetion 3 C 4 Donetion 5 Other (Specie		cemete	of Disposition (Name of ary, cremetory or other Haven Cen	piece)	Dete 12-19-96	Hagers		Maryland
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	20200		23e. Pert1. Enter the disease, or com	1) Here	nea.			lvd.,Hager		Md. 2	1740
	Physician /Medicai Examiner	Examiner	shock, or heart teilure. List only Immediate Cause (Finel disease or condition resulting in death)	Ban	Due to Ust as a	ve face congression of;	fuer	e 'n		us	Intervel Between Onset and Deeth
Box 68760,	eeth certificate be executed attending physician and I for use as the bunal-transit	Medical	Sequentielly list conditions, if ery, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	Mass	and	consequence of):	cras	inlp	resse	ue I	Degs
O. E	that the deeth ed by the atter detached for o	Physician/	Part II. Other algnificant conditions of	contributing to death bu	it not resulting i	n the underlying cause	given In Pert i.				the cause of death?
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ion	Attending Ph r death. sctor: After th by the funeral	ation	Naturel 5 Pending 2 Accident Investigation	(Month, De)	Year)		Mork? I∐Yes 2∐No	,			
Division	or At or At or At or At or At	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc		erm, street, tactory, off	ice	28f. Location ( City or To	Street and Numb wn, State)	er or Rura	I Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by	edical C	29a. Certifier (Check only one) Medical Exar	yalcian: To the best of niner: On the basis of and menner ste	exemination er	e, death occurred at the	e time, dete end p ny opinion, death	place, and dua to the occurred at the time,	cause(s) and ma date and pleca,	and due to	lated. the cause(s)
	To the within 2 To the comple	Me	29b. Signatury and title of certifier	1.11	1/1	29c. Lic	ense number	-0.0	29d. Date signé	d (Month,	Pay, Year)
		1	30. Name and address of person who	gompleted cause of de	eath (Item-23e)	(Type, Print)	23/8	30	67/1	0/9	16
	Sta	te	31. Dete tiled (Month, Dey, Year)	A hen ] 32. Registre	RMD s Signeture	11110 ME	Dical	Aupus A	di Hag	eks:	rown
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State of Maryland / Department of Health and Mental Hygiene 96 39141

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Phys		1. Decedant's Nama (First, Middla, Le Robert Lee SIGLE	*					Mont	of Daath		raer	3. Tima o	Death
	dical niner	4a. Facility Neme (If not institution, gir	e street and number	r)			4b. City, Town	, or Location of		4c. County of		9	0.01
		11408 Rock Hill	Road				Hager	stown		Wash	ingt	on	
Funer Direct		219-12-1644	ATT N OF E	ga (In yrs. last bi O		f Undar 1 Yaa fonths Days		Min. (Mon	of Birth th, Day, Y y 31	(ear) 1926	Birthplac Country Mary	oa (State o	or Foreign
pue *		Usual Rasidanca of Dacadant  10e. Stata 10b. County		10c. City, Tow	vn or Locati	ion					104	l. Insida C	les E landen
the Maryt	ector	Maryland Washing  10e. Street end Number	ton		ersto	own						1 🗆 Yas	20 No
ath with s 23a or	Funeral Director	11408 Rock Hill		_		10f. Zip Coda 2	1740		100	g. Citizan of Wh USA	et Country	<i>r</i> 7	
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumetic event, the Medical Evanimer must be notified at	þ		12. Wes Decedan Armed Forcas 1 ☒ Yas 2 ☐ If Yas, Giva Yaar or Detas:	? I No	If Ya	s Decedant of as, specify Cul	ban, Maxican, F	n? (Specify Yes Puarto Rican, at	or No- c.)	14. Race - Black, Specify:	Amarican Whita, ato whita	).	
5-C	Completed	15. Dacadant's E (Specify only highast gre	ducation ada complatad)	16e	(Giva kind	t's Usual Occu	during most o	f working	16	6b. Kind of Busin	nass/Indus	stry	
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Maryland d 2 should be file th and Mantal Hy 7 is marked othe treumatic event	To Be	John Henry Sigle	r				Man	y L. Ly	nn				
and 2 sh salth and 127 is m		19a. informant's Name/Relationship ( Linda L. McClosk	***	198						Dity or Town, St			
altimore, mit. Peges 1 ar partment of Hea portant: if Nem; y injury or othe		20a. Method of Disposition  1 ☑ Burlal 2 ☐ Cramation 3 ☐  4 ☐ Donation 5 ☐ Other (Specif		1	ry, cramato	on (Name of ory or other pla Cemete		Data 12-18-9		c. Location - Ci Hagerst			/land
Balt permit. Departr importu	- Supplemental Control	21. Signature of Funaral Servica Licer	Mexile	R	MIN		UNERAL		rsto	wn, Mar	ylan	d 217	740
Physicia /Medica Examine	il er	23a. Part1. Entar the disaasa, or com shock, or haart failura. List only Immediata Causa (Final disaasa or condition rasulting In daath)	SqvA		celi	CAV					in	pproximatitarval Bat inset and i	ween
x 68760, ertificate be axecuted ling physician end es the burial-transit	al Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaesa or Injury	c.	Dua to (or as a	consequan	nce of):							
Box 68760, eath certificate be axecuted attending physician end for use as the burial-transit	/Medical	thet initiated evants rasulting in death) Last	d	Due to (or as a	consequen	ce of):							
. 0 00	Physician	Part II. Other eignificant conditions of	ontributing to death t	out not resulting l	n tha under	rfying causa gi	iven in Part I.	23b	Did tobe	acco use fontr	ibute to th	ne cauee (	of death?
dS, P	by Pt								1 🗆 Yee	2 No 3	☐ Probat	bly 4□	Unknown
requestion should	Completed b							24a.	Wes an a			ible prior to lation of c	0
- w w	Eo								1 🗆 Yas	2 1 No	1 🗆 Y		No
f Vital Ri ysician: The l s certificate ha director, page	Be	25. Was case referred ty medical					26. Place of	Death (Check	-				
Of Vita Physician: rthis certific rtal director,	To	axaminar?	Hospital: 1   Inpati	ant 2 ER/Ou	utpatiant 3	3□ DOA Ot	her: 4 Nursi	ng Homa 5 🖫	Rasidano	ce 8 Other	(Specify)		
Ing Ing		27. Manger of Daeth  1 Natural 5 Panding 2 Accident Invastigation	28a. Data of Inju (Month, Da		Tima of Injury	28c. fnju Wo M 1				injury occurred			
Division and or Attend s effer death if Director: Ad in by the i	Certification:	3 Suicide 6 Could not be detarmined	Zoa. Placa of In	jury - At home, fa lc. (Specify)	arm, straat,	factory, office			tion (Street or Town, S	et and Number State)	or Rural R	louta Num	ber,
To the Hospital of within 24 hours et To the Funeral D	edical (	29a. Cartifiar 1 crtlfying Ph (Check only 2 Medical Exam	ysicien: To the best niner: On the basis of and manner si	of axamination en	e, death occ d/or invasti	curred at tha ti igation, in my	ime, deta end p opinion, daath	place, and dua to	the caustime, deta	se(s) and mann a and pleca, and	ar as state d due to th	ed. e cause(s	3)
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		30. Name and addrass of person who	completed cause of	death (Itam 23a)	(Type, Prin	"A .	HA	GERF	100	シュトリ	12	17	42
S Regis	tate trar	31. Data filed (Month, Day, Yaar) DEC 1 7	32. Ragist	rar's Signature	Redo	Ц	J , 1	,					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 39142

								tificate of	Death		Reg. No.		19142
	Physic	an	Decedent's Name (First, M.		()					2. Date of De Month	Day	Yeer	3. Tima of Death
	/Medi		James Sumne							Decemb		996	7:10 pm
	Examir	er	4e. Fecility Neme (If not institu	ition, give	street and number)	)			4b. City, Town, or L	ocation of Deet	h 4c. County	of Death	
			Masonic Home-						Cockeysv			imore	
	Funeral Director		5. Social Security Number  579-10-4049  Usual Residence of Deceden		7. Ag	ge (In yrs. 88	lest birthdey) Yrs.	Months Deys		8. Dete of Bir (Month, De May 29	oy, Year) 1908	9. Birthpi Count Flor	ece (Stete or Foreign try) ida
	deeth with the Maryland ms 23s or 28s-f show if must be notified st		10a. State 10b. Cou			10c. Cit	y, Town or Loc	cation				10	Od. inside City Limits
	th with the Marylar 23a or 28a-f show ust be notified at	ctor	Maryland Bal	imor	e County	Coc	keysvi	lle					1 ☐ Yes 2 ☑ No
	or 28	Sire.	10e. Street and Number		_			10f. Zlp Code			10g. Citizen of	What Count	iry?
	th wi	al	300 Internat:	lonal	Circle			21030			U.S.A		
Maryland 21215-0020	or he	by Funeral Director	11. Maritel Stetus  1 □ Never Married 2 ₩ 1  3 □ Widowed 4 □ Divor		12. Wes Decedent Armed Forces? 1 ☒ Yes 2 ☐ If Yes, Give Year or Dates:	?		Vas Decedent of Yes, specify Cub ☐ Yes 2 No	Hispanic Origin? (Spean, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)	Specif	ce - America ck, White, a	atc.
0	72 hours "netural",	ted	15. Dece				16a. Deced	ent's Usual Occu	pation		16b. Kind of B	usiness/Ind	lustry
218	within 7 ene. than "n	Completed	(Specify only his Elementary/Secondary (0-1		College (1-4or	5+)	life. E	and of work done OO NOT use retire	during most of world)	king	Washin	gton (	Gas
21	should be filed within and Mental Hygiene.  marked other than ametic event, the M	No.			1		Admin	istrator			and El	ectri	С
Pu	al Hygid other	Be (	17. Father's Name (First, Mide	fle, Last)					18. Mother's Nam			ne)	
yla	should be and Mental I marked of umatic eve	2	James E. Sum	ner					Daisy Mi	ldred R	lay		
Mar	2 sho		19a. Informant's Name/Relat	onship (T	ype, Print)		19b. Mailin	g Address (Stree	t end Number or Ru	ral Route Numb	er, City or Town	State, Zip	Code)
	and eelth m 27		Michelle Pas	terna	ck - Nied				Road, Ba				
Ore	T ite		20a. Method of Disposition 1 N Burial 2 ☐ Cremeti	on 3 □I	Removal from State		lace of Disposementary, crem	sition (Name of setory or other ple	осе)	Date	20c. Location	- City or To	wn, State
Ë	Pa men men jury		4 □ Donation 5 □ Othe			For	rt Linc	oln Ceme	etery 12	/11/96	Brentwo	ood, M	Maryland
Baltimore,	permit. Pages 1 and 2 sh Department of Heelth end Important: If item 27 Is m any Injury or other traum once.		21. Signeture of Funeral Serv	Ce Licens	see .		F:		asch's So				
			23a. Part1. Enter the disease shock, or heart fallure.	or comp	lications that cause	d the death	n. Do not ente	/39 Balt or the mode of dy	imore Ave	or respiretory	rattsvil	le, M	Approximata
	Physician		snock, or neart failure.	List only o	one cause on each I	ine.							Interval Between Onset and Death
и	/Medical		Immediate Cause (Finel disease or condition		.0	1	0	. 2.	T 1				0 0
	Examiner		resulting in death)		a.	Due to (o	r as a conseq	uence of):	Man				annet
Н	D &	ner			· ·		Wasan Inter-	,					
	ificate be executed g physician and as the burial-transit	edicai Examiner	Sequentially list conditions,		b. ———	Due to (o	r as a consequ	uence of):					
68760,	se exe	0	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events		•								
876	the p	dica	that initiated events resulting in death) Last	1	G	Due to (or	r as e consequ	ence of):					
	E 0 6	_		L	d								
Box	deeth cert te ettendin ed for use	Physician/M			0.							1	
-	O O D	/sic	Part II. Other algnificant cond	litions co	ntributing to death b	ut not resi	ulting in the un	derlying cause gi	ven in Part I.	23b. Did	tobacco uss co	intributs to	the cause of death?
P.O.	± 68									10	Y88 2 No	3 Prob	ably 4 Unknown
Records,	signed be del	l by										045 18/6	and and a state of
0	v require been si should	Completed									an autopsy ormed?	ava	re sutopsy findings allable prior to appletion of cause
3ec	The law ate has b page 2 s	Id I										of d	leath?
	cate h									10	Yes 2 No	1□	Yes 2□ No
Z.	Physician: The this certificate ral director, pag	Be	25. Was case referred to med examiner?		Hospital:			0.	28. Piace of Dea				
of	5 00 0	2	1 Yes 22 No 27. Manner of Death		1 LI Inpatie		ER/Outpatient 28b. Time of	3LI DOA			dence 6 Oth		)
Division of Vital	After After fune	Certification:	1 Natural 5 □ Per	ding	28a. Date of Inju (Month, De	y Year)	Injury	28c. Inju Wo	ork? ]Yes 2 □ No	280. Describe	how injury occur	rea	
2	or Attending after death. Director: After in by the fune	Cal	3 Sulcide 6 □ Cor	ld not be	28e Place of In	luny - At he	me form stre	et, factory, offica	160 2 110	28f Location (	Street and Numi	her or Rural	I Route Number
Š	or Attendiate death. Director: A	FT	4 Homicide	emined	bullding, et	c. (Specify	/)	ot, factory, unica			wn, Stete)	Jer Or Huran	riodio rantosi,
	Hospital 24 hours Funeral stely filled		29a. Certifier 1X Certi	vino Phy	elcien: To the heet	of my know	uladaa daath	accurred at the ti	me, date and place,	and due to the	sauca(a) and m	anner ee et	ated
	To the Hospital or Attending Ph within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	Medical	(Check only 2 Medione)	al Exami	ner: On the basis of end menner st	f examinat	tion and/or inv	estigation, in my	opinion, death occur	rred at the time,	date and place,	and due to	the cause(s)
	To th Withir Youth	M	29b. Signeture end title of cer	ifier				29c. Licen	se number		29d. Dete signe	d (Month, E	Day, Year)
			OBNO.	M 1	a Na -			000	208		12/6	196	
	(1)	11	30. Name and address of pers	on who a	ompleted cause of o	leeth (Item	23a) (Type F		200		1	1	
	6	VY	1 0	1/18	1201	5 0	lorte		to 32C	Lute	Mull	0 0	nd 21093
	Sta	te	31. Date filed (Month, Dey, Ye	ar)	32. Registr	ar's Signe	ture			/			.00
	Registr	ar	DEC 0 9	1996	Selled	Eurospan .	-Kardall						

and the first of the contract 
State of Maryland / Department of Health and Mental Hygiene

3911.3

Ar	nended	#5	, 12/17/96,G.F.,	Montq.Co.	,		ificate o			Reg. No.	00	39143	
			Decedent's Neme (First, Middle, Last)						2. Dete of D		Yeer	3. Time of Deeth	
Physi			Gladys Jenner Borne Sher				OW			Month Dey December 5, 199		9:11 AM	
	/Medi Examir		4e. Fecility Name (If not institution			011011		4b. City, Town, or				7.11 /11	
7	LAGIIII	ICI	Cubumban Haan	: 4.a.1				Datha					
_			Suburban Hospital			lest birthdey) If Under 1 Year If Under 24 Hrs.							
	Funeral	Director	041-14-7112 1DM 213E			Months Deys Hours Min.			(Month, D	of Birth th, Dey, Year)  9. Birthpiece (Stete or Foreign Country)			
21215-0020	Director		517-01-5837 76 III. Dec. 11, 1919 Connectic								ecticut		
	P		Usuel Residence of Decedent  10e. Stete 10b. County		10c, City, To	wn or Loca	ation				10	d. Inside City Limits	
	aryle sho									1 ☐ Yes 28 No			
	J within 72 hours efter deeth with the Maryland jiene. Than "natural", or items 23a or 23s-f show the Medical Examiner must be notified at the Medical Examiner must be notified at		Maryland Montgomery Bethes					sda					
		Sire	10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country?								ry?		
		by Funeral I	10007 Clue Driv		20817				United	Stat	es		
			11. Meritel Stetus	Ever in U,S.	rer in U,S. 13. Wes Decedent of Hispenic Origin? (Specify Cuben, Mexican, Puerto F			Specify Yes or N	fy Yes or No- can, etc.) 14. Rece - American Indien, Bleck, White, etc.				
	the state		1 ☐ Never Merried 2 ☑ Marri	Armed Forces? led 1 ☆ Yes 2 ☐ N If Yes, Give	lo						Specity: White		
	urs e		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:	Yeer or Dates: WW II		1 ☐ Yes 2 ☒ No Specify:			Specify			
ō	hor hor	b	15. Decedent	16	16e. Decedent's Usuel Occupation				16b. Kind of Business/Industry				
15	_ B	To Be Completed	(Specify only highes	t grede completed)		(Give kind of work done during life. DO NOT use retired)  Section Chief		i during most of working ad)					
7	within ene. than		Elementery/Secondary (0-12)	Coilege (1-4or 5	+) S						vernm	ent	
Baltimore, Maryland 2	2 should be filed and Mental Hyg s marked other numatic event,		17. Fether's Neme (First, Middle,	l act)					me (First Middl	e, Melden Sumen			
			Alfred Jenner	7.1								0)	
					Minnie J								
			19e. Informent's Name/Reletions		19b. Meiling Address (Street and Number or Rural								
			Ronald C. Sherr	ow/Son				ge Street	, Kensi	ngton, M	D 20	895	
	N H H		20e. Method of Disposition		20b. Plece ceme	Plece of Disposition (Neme of emetery, cremetory or other place)		Dete	20c. Location -	Oc. Location - City or Town, Stete			
			1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (St			ve Cemetery Dec. 14, 1			1996	996 Naugatuck, CT			
	nit. Pa artmen ortant: injury 8.		21. Signeture of Funerel Service		02000					uneral Home/ Bethesda-Chevy Chase, Inc. 20814-3501			
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		Sic	Part II. Other eignificant conditio	ne contributing to death bu	ut not resulting	in the und	derlying cause	given in Pert I.	23b. Die	i tobacco uee co	ntribute to	the cause of death?	
Division of Vital Records, P.O		h,								Yee 2 No	3 Prob	ably 4 🖾 Unknown	
	s the	by	Cancer of Oropharynx, Malnutrition, Atrial										
	To the Hospital or Attending Physician: The law requires t within 24 burns after death.  To the Funeral Director After this certificate has been signs completely filled in by the funeral director, page 2 should be									24e. Wes an autopsy		re autopsy findings	
		lete	Fibrillation		parlome		tormed?	avellable prior to completion of cause of death?					
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		ပိ							1□	1 ☐ Yes 2 No 1 ☐ Yes		Yes 2□ No	
		Be	25. Wes case referred to medical axeminer?							h (Check only one)			
		Medical Certification: To	1 Yes 2 No	Hospitei:	nt 2 ER/	Outpatient	3□ DOA	Other: 4 Nursing I	Home 5 Re	sidence 6 Oth	er (Specify	)	
			27. Menner of Deeth	28e. Dete of injur (Month, De)	y 28b	. Time of	28c. In	jury et	28d. Describe	how injury occur	red		
			1 Neturel 5 Pending 2 Accident Investig		roar,	Injury M		Yes 2 No					
			3 Sulcide 6 Could n	ıry - At home,				28f. Location	28f. Location (Street and Number or Rural Route Number,				
á			4 ☐ Homicide building, etc. (Specify)							City or Town, State)			
_			29e. Certifler 10X Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.										
	Fun Fun tely		(Check only 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)										
	within 2 To the comple		1				20c Licence number			29d. Dete signed (Month, Dey, Year)		Pay Vasel	
	5 1× 5 9		29b. Signature and title of confiler Sais Mi)			29c. License number			December 6, 1996		nonth, Dey, Year)		
	~					D10493						, 1996	
	12		30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)										
	175		John S. Saia, M.D. 809 Veirs Mill Road, Rockville, Maryland 20851										
	Sta	te	31. Dete filed (Month, Dey, Year)		er's Signeture	V	Neus IN	CVATITE'	nal yldi	44 440)			
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**DHMH 16 Rev 6/95** 

made 2 copies 1 for statistics 1 current month

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Dacedent's Nema (First, Middla, Last) 2. Data of Daath 3. Time of Death December 6, 1996 **Physician** 4:30 PM Ruth Sneider Stevens /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Daath **Examiner** 2004 Franwall Avenue Montgomery Wheaton 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** 1□ M 2X F Michigan Vre 74 Director 364-24-4775 Usual Rasidanca of Dacadent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mooical Examiner must be restring at Director 1 ☐ Yas 2 No Montgomery Maryland Wheaton 10e. Straet and Numbar 10f. Zip Coda 10g. Citizen of What Country? 20902 United States 2004 Franwall Avenue Funeral 12. Was Dacedant Evar in U,S. Armad Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Datas: Was Dacadant of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian. Black, Whita, etc. 72 hours after 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: Specify: White þ 3 ☑ Widowed 4 ☐ Divorcad Completed 16e. Dacadant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind of Business/Industry Hygiene. Elamantery/Secondary (0-12) Collaga (1-4or 5+) 12 Homemaker Own Home permit. Peges 1 and 2 should be file Department of Health and Mental Hyu Important: If Item 27 is marked other any Injury or other traumatic event, sonce. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Malden Sumama) Be Angeline Modderman John Sneider 2 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Numbar or Rural Routa Number, City or Town, Stete, Zip Coda) son 2003 MacDowell Street, Rockville, Maryland 20851 James A. Stevens 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Chesapeake Crematory 12-7-96 Beltsville, Maryland 21. Signatura of Funaral Sarvice Licansaa 22. Nama and Address of Facility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 anol a للعد 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata Intervel Between Onsat and Daath **Physician** Immediate Causa (Final disaasa or condition rasulting in death) /Medical Respiratory failure Immediate **Examiner** Due to (or as a consequence of): Physician/Medical Examiner 6 months Wide spread metastasis The law requires that the death certificate be executed ettending physician and for use as the buriel-tran Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury Dua to (or as a consaquenca of): Box 68760. Carcinoma of the pancreas 1 year that initiated avants Dua to (or as a consaguanca of) rasulting in daath) Last P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown signed b Records. þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy parformed? complation of causa of death? page 2 s hes 1 Yas 2 No 1 ☐ Yas 2 X No certificate of Vital Physician: 25. Was casa raferred to medicel axaminar? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Homa 5 🕅 Rasidenca 6 ☐ Othar (Specify) 1 Yes 2 No 10 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how Injury occurred Affer Division or Attending 5 Panding Invastigation 1 K Natural To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur Injury 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28e. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicida 11X Certifying Physician: To the best of my knowladga, daath occurred at the tima, data and placa, and dua to the causa(s) and mannar as steted.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and place, and dua to the causa(s) end mannar stated. 29a. Cartifiar Medicai (Check only one) 29b. Signature and sittle of certifier. 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) ellele withou D02338 December 7, 1996 30. Nema and address of person who completed causa of deeth (Item 23a) (Type, Print)

9801 Georgia Avenue #109, Silver Spring, Maryland 20902

Registrar

State

Richard Delaney, M.D.

DEC 0 9 1996

32. Registrar's Signatura

who Daydson

31. Dete filed (Month, Dey, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68769

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thorst persons are so that the sensition physician.  THE FUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 end with 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal: or remonal: It is marked, or lisem 28 showns any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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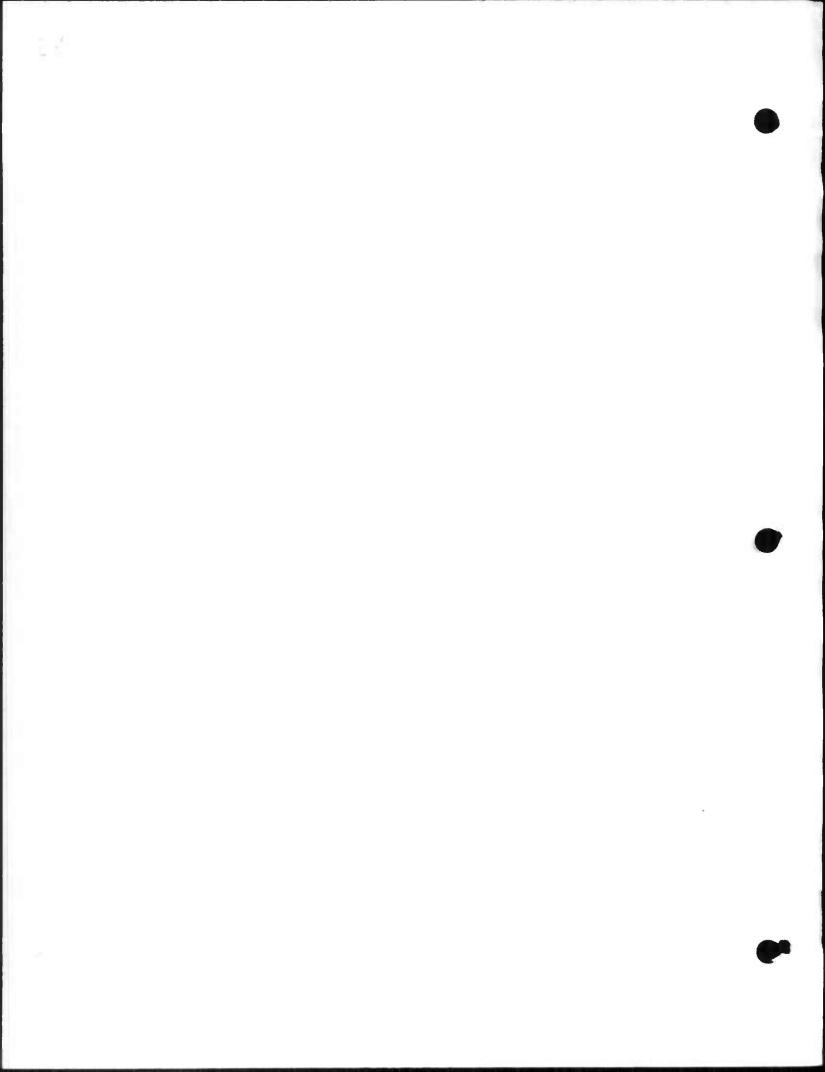
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH DAY William Daniel Shultz 19 AM Dec 6 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🔯 M 2 🗌 F YRS. 213-38-1511 August 11 Washington, D.C. 9s. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 TES 2 1 NO Montgomery Glen Echo 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 42 Wellesley Circle 20812 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: 3 Widowed 4 X Divorced Specify: White 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5 +) 2 Insurance Broker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Shultz Myrta Fyock 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>Kristen K. Wright/ Daughter</u> 520 Washington Boulevard Baltimore, Maryland 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ◯ Cremation 3 □ Removal from State OATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Montgomery Crematorium Inc. 1996 4 Donation 5 Other (Specify) Bethesda, Maryland 22 HAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Avenue Bethesda, Maryland 20814-21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wisconsin 3501 23. PART i. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition PULMPHARE BRICITY Ox1607 resulting in death) DUE TO (OR AS A CONSEQUENCE OFT: ADULT RESTIVATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING PHEUMONIA ASPIRATION CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY WALDENSTIONS MACROGLOBULD ONIA PERFORMEO? 1 - YES 2 - NO Aurologians MARROW TO AZISTIGAT 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL EXAMINER? OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER mo 29d. DATE SIONED (Month, Day, Year)

D2967

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

PMH V. Boccia, mp (70) 9707 moorca Coral 0 31. DATE FILED (Month, Day, Year) #2. REGISTRAR'S SIGNATURE DEC 0 9 1996 wha Davidson-Randoll

6-1996



State of Maryland / Department of Health and Mental Hygiene 96 39 | 46

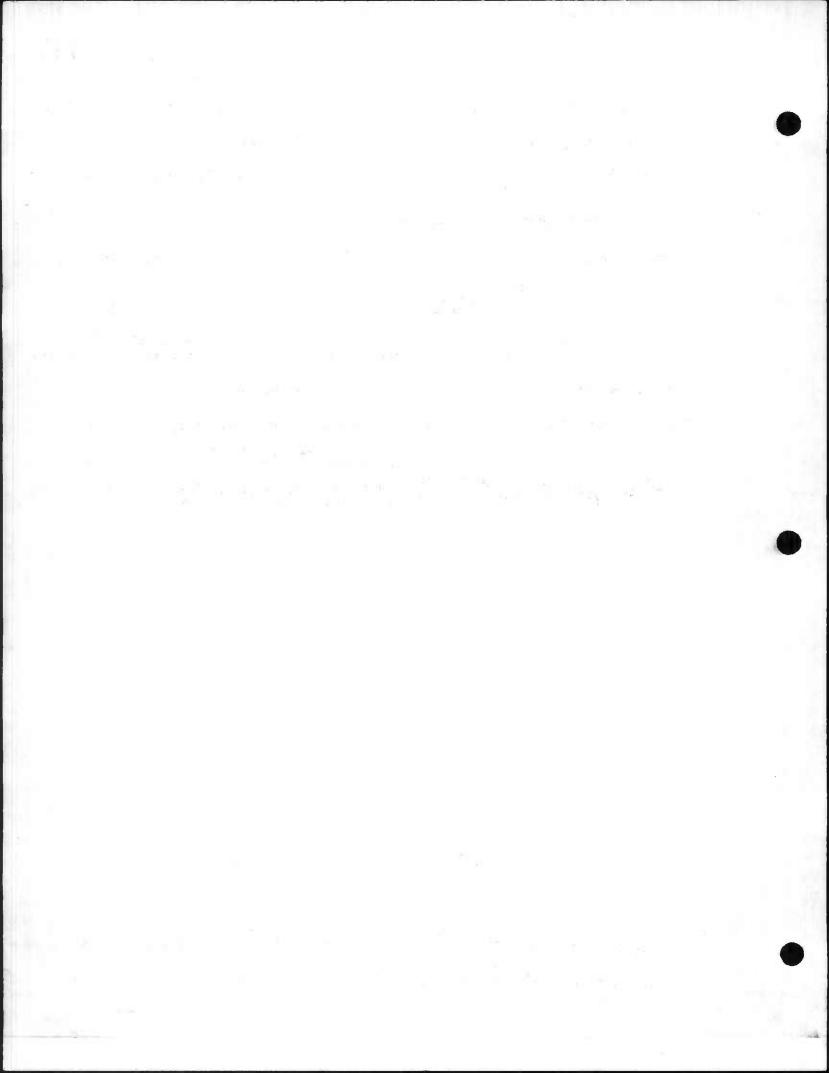
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State of Maryland / Department of Health and Mental Hygiene 96 39 147

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	0	Elamanary/Sossondary (5-12)	5+	,+,		Biochemist					of Health
	Bec	17. Father's Nama (First, Middla, Last	)				18. Mothar's N	eme (First, Middla,			or mearth
10	0	Julius Shack					Sonia	Murris	Dobross		
1	-	19a. Informant's Name/Ralationship (	Type, Print)		19b A	failing Address (Straat				State 7in	Code)
		D - 1 1 D - 01 1 /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	-	20a. Mathod of Disposition	son	20b. Pi		7 Shore Dri			Marylan 20c. Location		037
		1 ☐ Burial 2 ☐ Cramation 3 ☐		Ca	matary,	cramatory or other place	December	10, 1996	200. LOCATION	Oity of 10	MI, State
		4 □ Donation 5 □ Other (Spacial		Mor	tgor	nery Cremat	corium,	Inc.	Bethesd	a, Ma	ryland
OUCE.		21. Signatura of Funaral Service Licer	nsee 10	M008		22. Name and Addra	ss of Facility		/n -1 1	CI.	~
ia		Darbara yo Mc/	Mullenga	When	nce	7557 Wiscons	in Averue	Retherda	/ Bethesda	-Chevy	y Chase, Inc.
		23a. Part1. Enter tha disease, or com shock, or heert failure. List only	plications that causac	the death	. Do not	antar the moda of dyin	g, such as cardi	ac or raspiratory a	rast,	1 2001	Approximata
an i	1	SHOCK, OF HEER TAILUTE. LIST ONly	ona causa on eech iii	10.							Intervel Between Onset and Death
al		Immediate Ceusa (Finai	C	Lane	~ ~~	0 0 00	. \-	0 00/0		į	- 0 .0
er		diseasa or condition rasulting in death)	a			ccis Prez	WOULE	Sep313			2 DAYS
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1 2			D	1-			diction	11		1 -	> UAYS
3	Examine	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseasa or Injury		Dua to (or	as a cor	isequance of):					
		causa, Entar Undarlying Causa (Diseasa or Injury	c	HCL	45	KENAI F	allie	-			SUAYS
Modical	2	that initiated evants resulting in death) Last		Due to (or	as a con	sequance of):					1
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2	0	Part II. Other significant conditions of	ontributing to death bu	ut not resu	ting in th	a undarlying causa giv	an In Part i.	23b. Dld	tobacco usa co	ntributa to	the cause of death?
Dhvelclan/	À							10	Yas 2□ No	3 ☐ Prob	ably 40 Unknown
24					_			-			, , , , , , , , , , , , , , , , , , , ,
								24a. Was	an autopsy	24b. Wa	ra autopsy findings
Completed								perfo	rmed?	con	illebie prior to inpletion of causa
omo											daath?
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a		25. Was casa rafarred to medical axaminer?	Hoopite!			Te:		eath (Check only o	na)		
F		1 Yas 2 No	Hospital: 1 > Inpatia		R/Outpe		4 🗆 Nursing	Homa 5 Rasid	dance 6 Oth	ar (Specify	)
2	5	27. Mannar of Death 1. ☑ Natural 5 ☐ Pending	28a. Data of Injui (Month, Day	Year)	28b. Tim Inju		y at k?	28d. Dascribe !	now Injury occur	red	
400	100	2 Accident investigation					Yes 2□No				
li li		3 Sulcida 6 Could not be datarminad	286. Place of Inju	ry - At hor	ne, farm	streat, factory, office			Street and Numb	er or Rural	Routa Number,
Certification:	5	2 La Frontisco	building, afo	. (opecity)				City or Tov	ni, Sidia)		
		29a. Cartifier 1 Cartifying Ph	ysician: To the bast of	f my know	iadga, de	eeth occurred at tha tim	na, data and piac	e, and dua to tha	causa(s) end me	nnar as ste	ated.
Polical		(Check only 2 Madical Exam	ninar: On the basis of and manner sta	axamination	on and/o	r Invastigation, in my op	olnion, death occ	curred at tha tima,	data and place,	and dua to	tha cause(s)
Z		29b. Signature and title of cartifier		FEL		29c, License	e number	T	29d. Date signe	d (Month, E	Day, Year)
		D. Q	12	-W		00	14157		Decembr		
	-	1 30000	0								
	1	30. Name and address of person who				pe, Print)  MIII ROA	10-1		2 1 1		0.0
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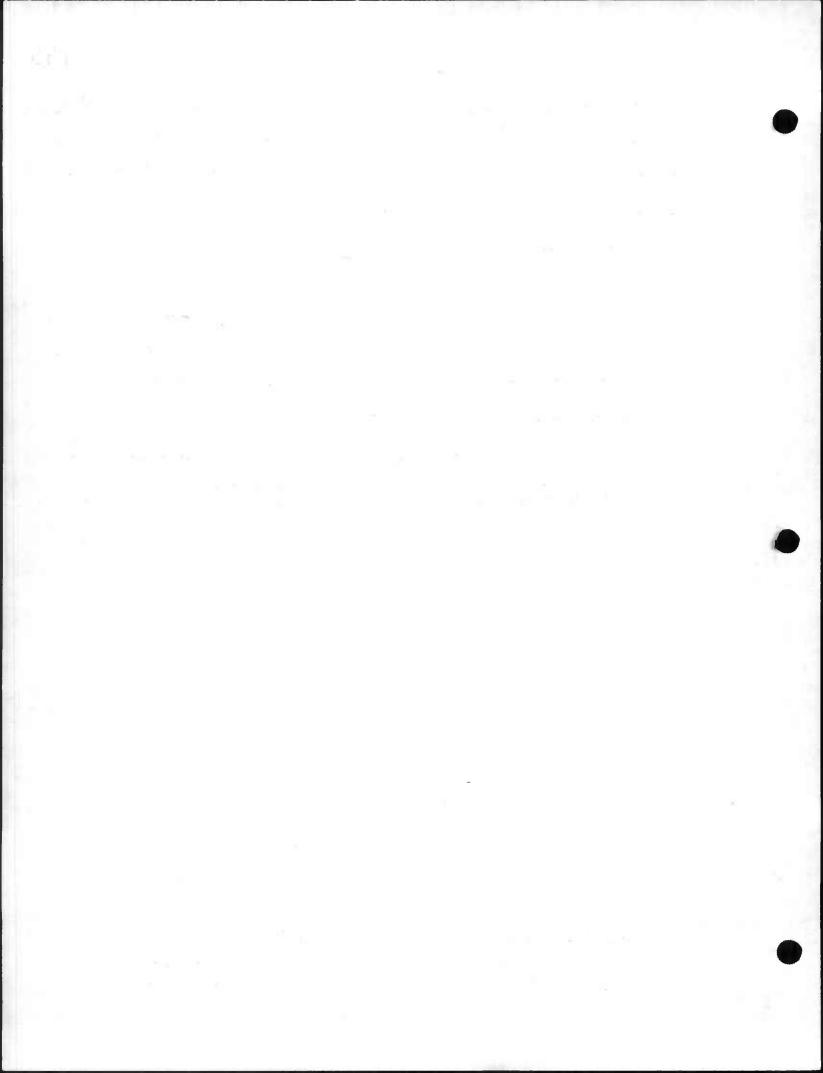


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December 1:	. 1996
30. Name and eddress of person who completed dause of death (Item 23a) (Type, Print)	, 1000
Paul T. Noone, M.D., 50 W. Edmonston Drive #207, Rockville, Maryland 2085	)
State  State  31. Date filed (Month, Day, Year)  S2 Registrar Signature  Fig. 1 3 1996  S4 Registrar Signature	

State of Maryland / Department of Health and Mental Hygiene 96 3911, 9

		Decedent's Name (First, Middle, Les	1)		Cei	tificate	of D	eath	2. Dete of I	Reg. No.		3. Time of Deetl
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		30. Name and address of person who co	Milpheted Cause of de	Non Promise	H (Type, r	2//	1,-	-0	4	34117	0	



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** EdWARd SWEELLE Y DEC : 24 PM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral**  Birthplece (State or Foreign Country) 1⊠M 2□ F 7.8 Yrs. 137 16 0414 **Director** Aug. 26,1918 Rhode Island Usuei Residence of Decedent the Maryland 10a Stete 10c. City, Town or Location 28a-f show 10d. inside City Limits traumatic event, the Medical Examiner must be notified at PRINCE GEORGE MD. TAKOMA PARK Director 1 Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 7203 13th PIACE 20912 U.S.A. Нета 23а death v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? X☐ Yes 2☐ No If Yes, Give Yeer or DatesWWII Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien. pemit. Pages 1 and 2 should be filed within 72 hours after d
Department of Health and Mental Hygiene.
Important: If Itam 27 is marked other than "naturel", or item
any injury or other traumatic event, the Medical Eventines 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No by Specify: 3 Widowed 4 Divorced WHITE Completed 15. Decedent's Education ify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify Elementery/Secondery (0-12) College (1-4or 5+) installer C&P TELEPHONE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be LEO SWEENEY ISABEL MURRAY ည 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) ANNABEL SWEENEY/SPOUSE SAME AS 10e 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State LINCOLN CEM. DEC. 13,1996 BRENTWOOD, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee TAKOMA FUNERAL HOME INC 254 CARROLI ST NW WASHINGTON, D.C. 20012 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Liver meTastisis Colon Lancer Examiner Due to (or as e consequence of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): attending p signed by the a d be detached t Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown oscleratic Heart þ should 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? Hypertensive Cardiovascular Heart diress certificate has birector, page 2 s 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica 25. Wes case referred to medicel examiner? director Be 26. Plece of Deeth (Check only one) Hospitel: P L 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA funeral 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Neturei 2 Accident 5 Pending 1 TYes 2 TNo Investigation completely filled in by the 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 T Homicide To the Hospital within 24 hours a To the Funeral C The certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

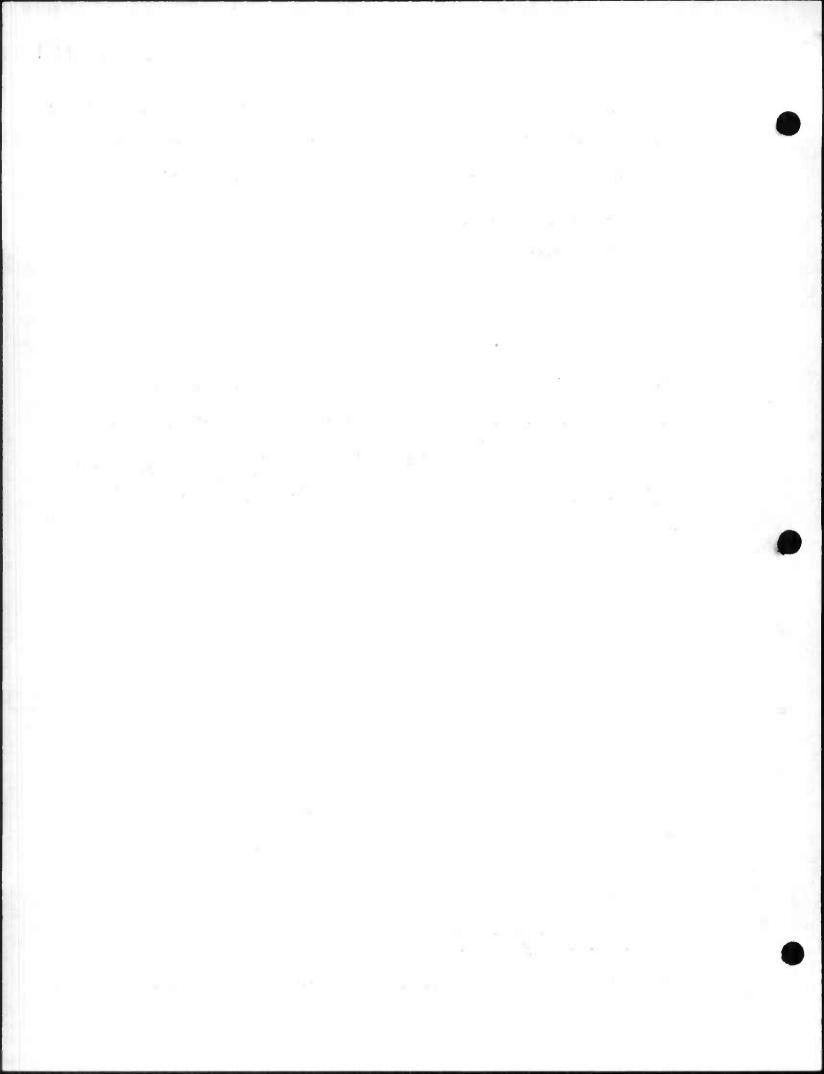
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end eddresser person who completed ceuse of death (item 23e) (Type, Print) 700 Buckingham Dr 32. Registrer's Signeture EZ NI 31. Dete filed (Month, Dey, Year) State

**DHMH 16 Rev 6/95** 

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 39 | 5 |

					Ce	ertificat	e of	Death		Reg. No	),			
	Dhusia	: ·	1. Decedant's Nama (First, Middla, L.	ast)					2. Data of D	eeth		/	3. Time of I	Death
	Physic /Medi		Elizabeth M. St	ansbery					Decembe	er 8,	1996	aar	4:10	AM
9	Exami		4a. Facility Nama (If not institution, gi					4b. City, Tov	vn, or Location of Dea	ith 4c	. County of	Death		
			Manor Care of F					Poton		Mo	ontgon	nery		4 -
	¿ Funeral Director		,	Sax 7. Aga (In yrs 1□ M 2∏ F 81	s. last birthda Yrs.	Months	1 Yaar Days		Min. 8, Data of B (Month, D	ay, Year)		Birthple Countr lichi	ca (Stata or y) gan	Foreign
	n the Maryland r 28a-f show	oto.	10a. Stata 10b. County  [aryland Montgome]		City, Town or I	Location						10	d. Insida City	
	h with the 23a or 28	al Dire	Montgome 100. Street and Number 10714 Potomac Ten	nis Lane		10f. Zip				10g. Citizen of What Country? USA				
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any follury or other traumatic event, the Mexical Examine must be notified at ance.	by Funeral	11. Marital Status  1 □ Navar Married 2 □ Marriad  3 ☑ Widowed 4 □ Divorced	12. Was Dacedant Evar in Armed Forcas? 1 ☐ Yas 2X No If Yas, Giva Yaar or Datas:	U,S. 13	Was Deced If Yas, spec	ony Cut	oan, Maxican,	in? (Specify Yas or N Puarto Rican, atc.)	10-	0	Amarice Whita, at	C.	
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yla	should to nd Ment marked umatic e	2	Howard Allen Col	e				Annie	Laurie G	illes	spie			
, Maryland	1 and 2 sho Health end om 27 Is m		19e. Informant's Name/Relationship (Pamela S. Brown						or Aural Aouta Num. Otomac, Ma				Coda)	
Baltimore,	Peges 1 g tment of He tent: If item jury or other		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special	Ramoval from Stata	Place of Disposers of therm	oosition (Name emetory or o Virgi	na of	(Ca)	Data	20c. Lo	ocation - Cit	ty or Tow		a
Ba	Departm Departm Importar any Inju		Northern Virginia   12/11/96Arlingto   12/11/96Ar									Home	)	141
	Physician /Medical Examiner		23a. Par1. Entar tha disaasa, or conshock, or haart failura. List only Immediata Causa (Final disaasa or condition	one causa on each line.	ith. Do not ar	ntar tha mod	a of dyl	ng, such as o				4	Approximata ntarvai Batw Onsat and De	
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P.0	that the ed by th detache	Physician	0	n's Desea		arradinying or	ousa gi	CONTRIP OIL		Yss 2			bly 4□U	
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Division of Vital	ing .	Certification:	27. Mannar of Death  Natural 5 Panding  2 Accidant Investigation		28b. Time o Injury	of 2	Bc. Inju Wo 1 □	ryet rk? Yas 2 □ N	28d. Describe	how Injur	y occurred			
N N	al or Attendi s after death il Director: A ed in by the f	Certific	3 Suicida 6 Could not b 4 Homicide datarmined	28a. Place of Injury - At h building, etc. (Speci	ome, farm, si	traat, factory	, office		28f. Location City or To	(Straat an own, Steta	d Number (	or Rural F	Routa Numbe	91,
	To the Hospital or I within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier (Check only one)  Certifying Ph 2 Medical Example	ysician: To the best of my known the state of the best of axamination and manner steted.	owiedga, deal ation end/or Ir	th occurred anvastigation,	at the ti	me, dete and opinion, death	piace, and due to the occurred at tha tima	causa(s) , deta and	and menne place, and	er as stet dua to th	ed. ne cause(s)	
	withi To th comp	Ň	29b. Signatura and titla of certifiar	114.1				sa number 8781			a signed (A		y, Yaar)	
	10	-	30. Nama and address of parson who	completed ceusa of daath (Ite	n 23a) (Type		, 30	701		/	2/10,	110		
			Michael J. Grady				. Av	enue.	NW, #312.	Wash	ingto	n. I	C 200	16
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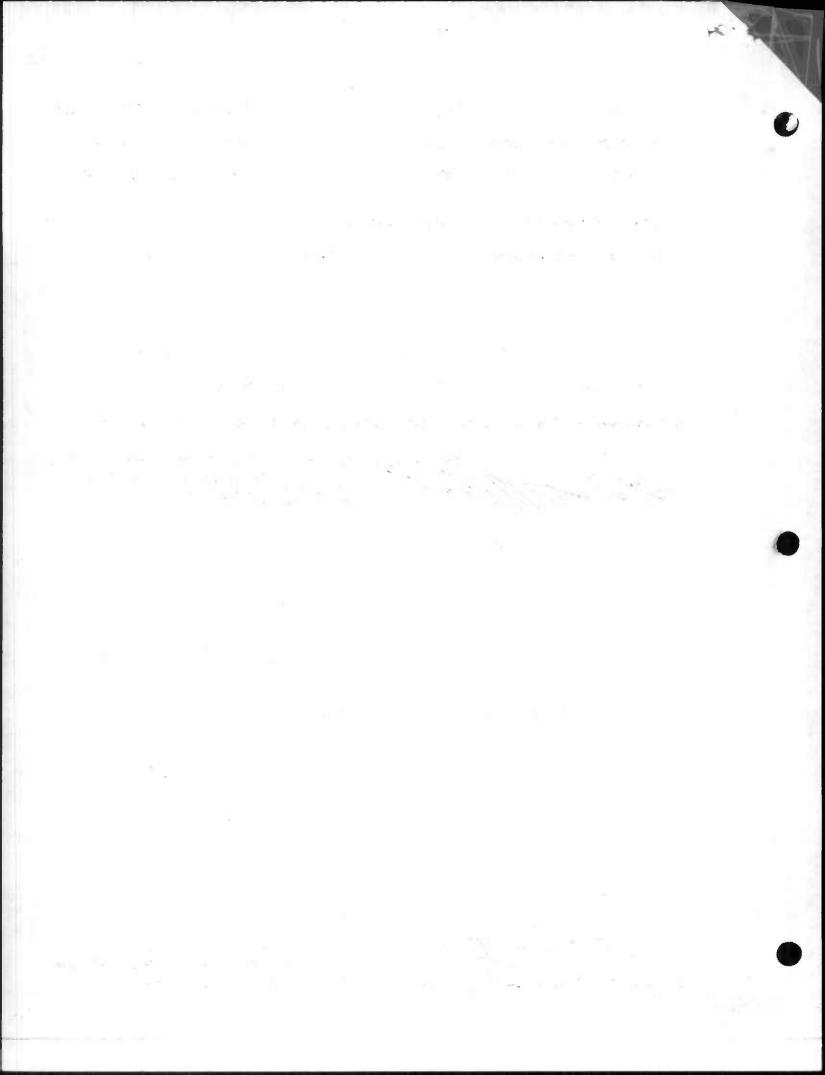


Amended #7,8, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. MRT, 12/13/96, Montg. State of Maryland / Department of Health and Mental Hygiene Amended #7, 12/9/96, MRT, Montg..Ctv. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Yaer Gertrude December 1, 1996 10:15 AM /Medicai 4a. Facility Name (if not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Springbrook Adventist Nursing Home Silver Spring Montgomery If Undar 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthdey) **Funeral** 8. Date of Birth (Month, Day, Year) Birthplaca (Stete or Foreign Country) Days 1□ M 2☑ F 84<sup>Yrs.</sup> 84 Director 216-46-9250 Oct. 10, 1921 Pennsylvania Usual Residence of Deceden the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show the Modical Examiner must be notified at Director 1 Yes 2₺ No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? 12325 New Hampshire Avenue 20904 USA death 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 14. Reca - American Indien, Black, White, etc. 1 Never Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: py 3 NWidowed 4 ☐ Divorced Specify: White 15. Decedent's Education 16a. Dacedent's Usual Occupetion (Give kind of work done during most of working iifa. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7; Department of Health end Mental Hygiene. important: if item 27 is merked other than "na any injury or other traumatic event, Ite Menta once. (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 5+ Teacher Education 17. Fethar's Name (First, Middla, Lest) 18. Mother's Name (First, Middle, Maiden Sumama) Henry A. Holmes Cara Brungess 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kathryn Warner / Step-daughter 8707 Ivyberry Way, Montgomery Village, MD 20a. Mathod of Disposition 20b. Piaca of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 1 ☐ Buriel 2 X Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Fort Lincoln Crematory 12/9/96 Brentwood, Maryland 21. Signatura el Euneral Syrvice Licensee Nome and Address of Facility Hines-Rinaldi Funeral 11800 New Hampshire Avenue Silver Spring, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onsat and Daath Physician /Medical Immediate Cause (Final diseesa or condition resulting in death) **Examiner** Examiner Bud -tran Sequentielly list conditions, if eny, laading to Immadiate cause. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting In death) Last the buriel P.O. Box 68760, red attending physician 8 Physician/Medical 191 ō Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f. the 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Vegetative Records. 9 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Wes en autopsy performed? certificate has 2 No Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) examinar? 10 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this To the Hospital or Attending Pt within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Naturai 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not ba 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, daath occurred at the Ilma, data and piece, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the Ilme, date and piece, and due to the cause(s) and manner stated. Medicai 29a. Certifie 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD D3/001 2/3/96 7500 Greenway 30. Name and address of parson who completed of death (Item 23a) (Type, Print) 7 M.D. Greenbelt Md. 20770 31. Deta filed (Month, Day, Yeer) 32. Registrar's Signature State

Registrar

DEC 09

relia Davidson



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Day **Physician** Month Vear Jay Smith, Jr. 6:10 AM /Medical December 9, 1996 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Manor Care Potomac Potomac Montgomery If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 M 2 □ F Months Days Yrs. 416-10-8701 Director 89 Alabama Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 25a-f show the Maryla the Medical Examiner must be notified at Directo 1 ☐ Yes 2 ☑ No Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? or items 23a or 7805 Maple Ridge Road 20814 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No tf Yes, Give Yaar or Dates: Was Dacadant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Biack, White, etc. filed within 72 hours after 1 ☐ Never Married 2 🖾 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) than Elementary/Secondary (0-12) Coilege (1-4or 5+) Electrical Engineer U.S. Navy 17. Fether's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Meiden Sumame) Mental be is marked o Jay Smith Augusta Gage Pages 1 and 2 should 2 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Eleanor West Smith/Wife 7805 Maple Ridge Road, Bethesda, Maryland 20814 20b. Placa of Disposition (Neme of camefery, cremetory or other place) Dec. 10, 1996 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removai from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland of Funeral Service Licensea 21. Signatu 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. M00198 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical immediate Cause (Final Dehydration (Hypernatremia) 10 days disaasa or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Cerebrovascular Accident The law requires that the death certificate be executed bunal-tran Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that highered expenses) Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. attending physician for use as the burial Physician/Medical that initiated events resulting in death) Last She the Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown by Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 No certificata or Attending Physician: Be 25. Was case referred to medical examiner? director 26. Piace of Death (Check only one) Other: 4 M Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Hospitai: Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mennar of Death 28a. Date of injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation s after dea... 1 X Naturai 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not ba 3 ☐ Suicida 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funeral I completely filled Hospital 1 Notertifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier edicai (Check only the 29b. Signatura and titia of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D38781 December 9, 1996 6 led cause of death (lum 23a) (Type, Print) 30. Name and address of person who complete Michael J. Grady, M.D. 4910 Massachusetts Ave., NW Washington, D.C. 20016-4300 31. Date filed (Month, Day, Year) 32. Registrar's Signature State DEC 1 0 Achia Tavidson Rondose Registrar

DHMH 16 Rev 6/95

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Physic /Med		Decedent's Nama (First, Middle, KEVIN	V.	SMIT	H					2. Data of De Month DEC •		996	3. Tima of Death
Exami		4a. Facility Name (If not institution, PRINCE GEORG	give street and number, ES HOSPIT	AL CE	ENTER	}	4	b. City, To		ocation of Death		ty of Death	GEORGES
Funeral Director		384-64-4595	6. Sax 1 M 2 □ F	ge (In yrs. ias 38	st birthday) Yrs.	If Under Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da 12 2	th Year) 4 1957	9. Birthp Coun Mich	elaca (State or Foreign etry) 1gan
la-f show Uffed at	etor	Usual Residence of Decedent 10a. State 10b. County Maryland Prince	George's		Town or Lo							1	0d. Inside City Limits 1 ☑ Yas 2 ☐ No
23a or 2 at be no	al Directo	10e. Straet and Number 2322 Brightsea	t Road			10f. Zip	Code 2078	5			10g. Citizen of What Country?		
rel", or items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Mantal Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Armed Forces' d 1 (∑ Yes 2 ☐ If Yes, Give Yaar or Dates:	?		Was Daced 1 Yas, spec		ispanic Orlon, Maxican Specify:	gin? (Spe , Puarto	ecity Yes or No Rican, etc.)	Speci	an Indian, atc.	
ne. nen "netur e Medical.	Completed	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	Education grade completed) College (1-4or		life. E	kind of wor DO NOT us	k dona d	during most	of worki	ing	16b. Kind of I		dustry
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and Men a marke sumetic	To	T. L. Smith  19a. Informant's Name/Relationship			19b. Mallin	ng Address	(Street			e Mixor	er, City or Town	n, Stete, Zip	Code)
if of Health if Item 27 i or other tri		Cynthia C. Smit  20a. Method of Disposition		20b. Plac	ca of Dispos	sition (Nem	ne of			Date	Maryla 20c. Location		
epartment reportant: rry injury o		1   Burial 2   Cremation 3   Removal from State   Cametery, crematory or other placa)   12/16   12/16   1996   Detroit, Mich   12/16   D										chigan	
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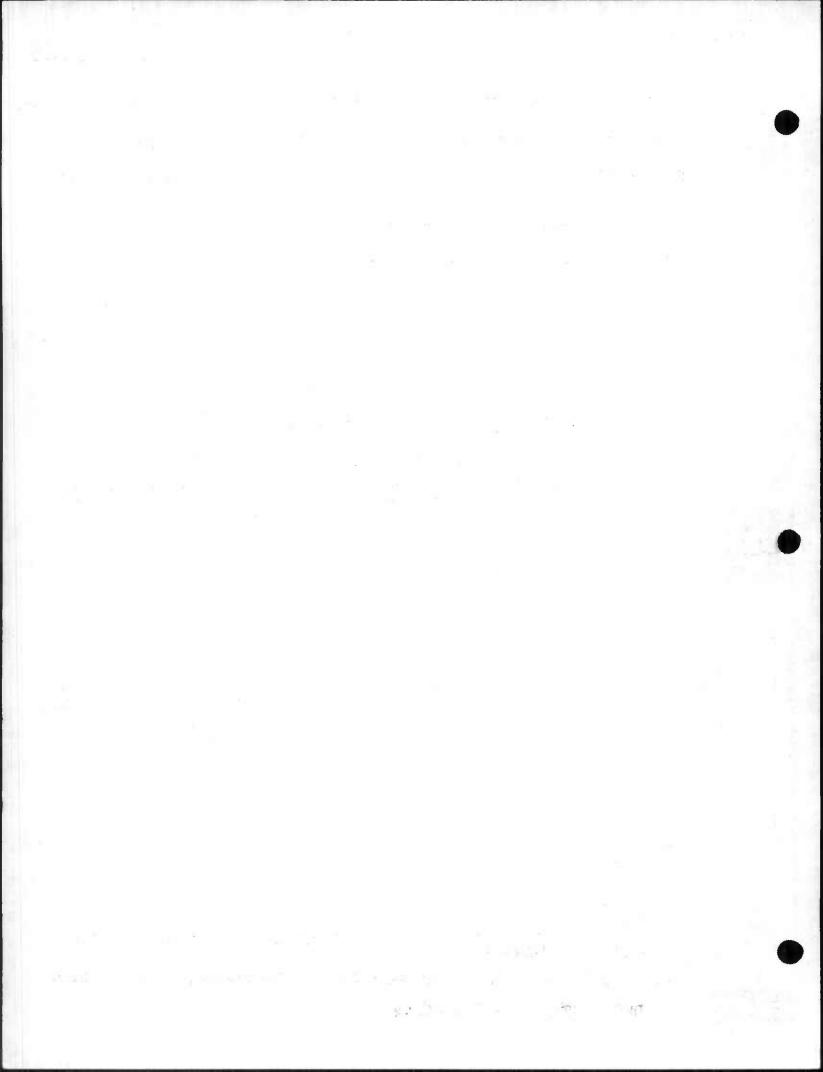
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6876U	edical	Cause (Disaase or Injury that initiated events resulting in death) Last	C	ue to (or es e	consequence of):		,			
Box 6  eath certific ettending p	≥ .		d	7-41					i I	
D. C. D. C.	by Physician	Part ti. Other significant conditions	contributing to death but	not resulting I	n the undarlying cause gi	ven In Part I.			a to the cause of death? Probably 4 Unknown	
Deer red	Completed b						24a. Was an		Were autopsy findings availabla prior to completion of cause of death?	
The law sete hes b page 2 s	00						1 XVe	s 2 No	1A Yes 2□ No	
r Vital ysician: Th ysician: Th director, pa	Be (	25. Was case referred to medical				26. Place of Deat	h (Check only on	a)		
Of V Physic this ce tal direct	To	exeminer? XIXYes 2 No	Hospitel:	2 ERVO	utpetient 3 DOA	her: 4 Nursing Ho	me 5 Reside	enca 6 Other (Spe	ecity)	
		27. Manner of Death	28a. Data of Injury (Month, Dey	28b.	Time of 28c. Inju	ry at	28d Describe ho	ow Injury occurred		
INISION  or Attending ( after death.)  Director: After d in by the fune	atic	1 ☐ Natural 5 ☐ Pending investigat	1 6 4	76 0		Yes 2 No	Pager	ser in	auto accident	
DIVISION Attenuation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	3 Suicide 4 Homloida  6 Could not be determined  6 Could not be determined  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)									
	Certification:	- LI FORMOUR	building, etc.	(Specify)	LEGIT		redorice	K Aire and	Clestanter	
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by		29a. Cartifier 1 Certifying I	Physician: To the best of	my knowledge	e, death occurred et the the	me, date and placa,	and dua to the ca	ause(s) and manner a	s stated.	
No High	edical	(Check only one) CMedical Ex	aminer: On the basis of a and manner stete	opinion, death occur	red at tha tima, de	ata and place, and du	a to tha causa(s)			
Vithin To th	M	29b. Signature end title of certifier	`		29c. Licens	se number		9d. Date signed (Mon		
		V Cant	Pa (A)		0	.C.M.E.	1	DEC. 07,	1996	
(8)		30 Name and address of parson wh	o completed cause of das	ath (Item 23a)	(Type, Print)					

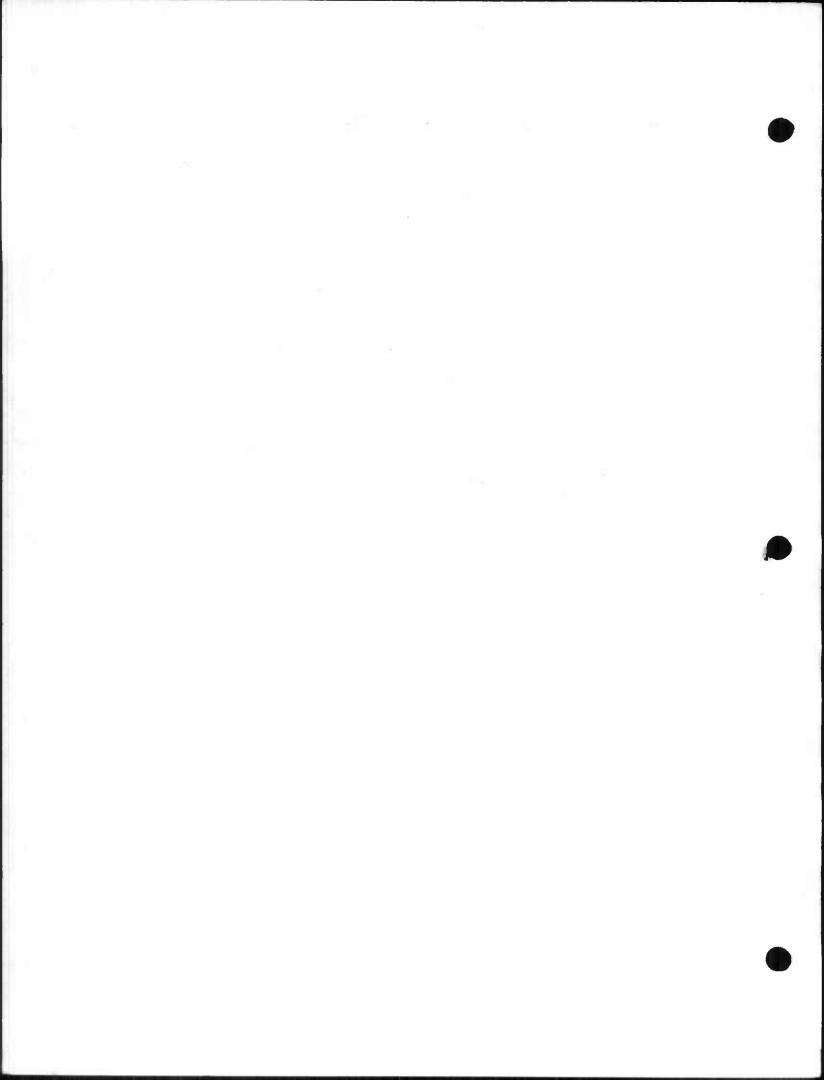
State Registrar 31. Date filed (Month, Day, Year)
DEC 12 1996

111 Penn Street, Baltimore, Maryland 21201



	permit. Pages 1, 2, 3 should		
hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	66.	
the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	al director, page 5 should be der	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
washin 24 hours after death.	npletely filled in by the funer cremation, or removal.	vent, the medical exam	
death certificate be executed	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation	ary, or other traumatic en	
The law requires that I	icate has been signed by the State Dept. of Health and M	item 23 shows any inju	
THE HOSPITAL OR ATTENDING PHYSICIAN:	HE FUNERAL DIRECTOR; After this certification of within 72 hours after death with the 5	item 28 is marked, or	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: 11	

								C	36	39156			
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF			AL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, L	31	L .	_		2. DAT MON	E OF DEATH	Y YI	3. TI	ME OF DEATH			
	James		tone	,			2 14	94	0 2	LIOAM			
	220-18-164	5. SEX   6. AGE (In yrs.	lest birthday) YRS.	MONTHS DAYS	HOURS M	RIN. (Mor	E OF BIRTH	76	COUNTY)	BAMA			
_	9e. FACILITY NAME (If not institution,		1	9b. CITY, TOWN	OR LOCATION			9c. COUNTY					
DIRECTOR	PleasanT V	liew Nursing t	ome	m+. F	iry, n	narylar	d 21771	Car	roll				
E I	10e. STATE 10b. CO		10c. CI	TY, TOWN OR LOC	ATION					INSIDE CITY			
8	MARYLAND	CARROLL	1	WESTMI	NSTER					LIMITS? YES 2 NO			
IAL	10e. STREET AND NUMBER				Of. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?			
FUNERAL	182 PENNSYLV	ANIA AVE.				21157		U	SA.	1.00			
2	11. MARITAL STATUS  1 Never Married 2 Merried		ARMED NO		ECENDENT OF H			or No- 14.	RACE - A	mericen Indian, te, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	WW I	I 1 Y	ES 2 A NO	Specify:			Specify:	WHITE			
	15. DECEDENT'S (Specify only highest	EDUCATION 16a	DECEDENT'S	USUAL OCCUPA work done during i	TION	16	b. KIND OF BUS	SINESS/INDUS	TRY				
	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ilfe. Do NOT L	use retired.)		_			0				
COMPLETED	12		P	OSTAL (				OFFI	CE				
BE CO	17. FATHER'S NAME (First, Middle, Las JAM	ES HOWARD STON	IE, SI	R.		NA F.	Middle, Maiden	<sup>Sumeme)</sup> GHTWE	LL				
TO 8	19e. INFORMANT'S NAME (Type/Print)	OFFICE CONTRACTOR		G ADDRESS (Stree						21157			
	CATHERINE L.	STONE - WIFE		PENNSY						MD.			
	20a. METHOD OF DISPOSITION 1 N Burlet 2 Cremetion 3	Ramoval from State 20b. PLA	CE AND DATE	of disposition ( other place) BRANCH	Name of			CATION — Chy					
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIONATURE OF FUNERAL SERVICE		IDOM 1		AND ADDRESS					R, MD.			
	· /	+ 20-11	/							AL HOME .21157			
	Naircey	or complications that caused the	death De										
	ehock, or heart feli	ure. List only one ceuse on each	line.					ratory arreat	'	Approximata Interval Between			
	IMMEDIATE CAUSE (Fine)  disease or condition  AShiva Tura  Presumance  Therefore												
	reaulting in death)	DUE TO (OR AS A COM	SEQUENCE (	OF):						DAGONIS			
z		RESPIR	1701	RY	FAIL	URE							
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COR	NSEOUENCE (	OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	CDUE TO (OR AS A COR	NSEQUENCE (	NE).									
CERTIFICATION	that initiated eventa resulting in death) LAST			. ,.									
S		0.					1						
¥	DEMENT	ditione contributing to death but n	ot reaulting	in the underly	ing ceuse give	en in Part I.	24a, WAS AN PERFOR		AVAII	E AUTOPSY FINDINGS LABLE PRIOR TO			
ă	DENTER	~ / 0					1 _ YES 2	KNO		PLETION OF CAUSE DEATH?			
Σ	DID TORACCO LISE CO	ONTRIBUTE TO CAUSE OF D	EATL V	ES I NO	LINICED	RTAIN 🗆			1 🗆	YES 2 NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDIC			ATH (Check only or		CIAIN L							
SIC	EXAMINER?	HOSPITAL:	vi 3 □ DOA	OTHER:	ome 5 Resid	lanca & Ott	has (Specific)						
Ή	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 26c. I	NJURY AT		ESCRIBE HOW II	NJURY OCCUP	RED				
ВУР	1 Visturel 5 Pending 2 Accident Investiga		"		WORK? YES 2 N	10							
EDE	3 Suicide 6 Could no		t home, farm,	street, factory, of	fice		CATION (Street of		Rural Route	Number,			
	4 Homicide determin	ed											
P.	0001	PHYSICIAN: To the best of my knowledge											
COMPLET	2 MEDICAL EXA	AMINER: On the basis of examination and	d/or investigst	ion, in my opinion	, death occured	at the time, de	te and placa, an	d due to the c	ause(s) end	menner ee stated.			
BE	29b. SIGNATURE AND THE OF SER	FIFIER A			29c. LICENS				IONED (Mon	th, Day, Year)			
2	20 NAME AND ADDRESS OF DEDGO	N WHO COMPLETED CAUSE OF DEATH	ATEM OF A	Orton	84	3091		12	-14	70			
	SARED	ZAIDI 87	(ITEM ZI) (Typ	TOLL &	touske	AVE		ERED	En	CK			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR				,,,,,,	/	1000	71				
	DEC 17	1996 Juli Daviles		,									
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State of Maryland / Department of Health and Mental Hygiene 0.6

20157

				Otate of Marylan		tificate of			Reg. No.	0	39131
	Physici	an	1. Decedent's Neme (First, Middle, La	st)	eway	+		2. Date of De	Dey	Year	3. Time of Deeth 7:40 AM
	/Medi		4e. Facility Neme (If, not institution, giv		)		4b. City, Town, or L	De Qm		96	1,40/14
	Examir	er		naratan K	nso.	tal	Baltim		4c. County	OI Deetii	
ď	Funeral		5. Sociel Security Number 6. S	Sex 7. Age (In yrs. I	ast birthdey)	If Under 1 Yeer Months Devs		6. Date of Bir (Month, Da	th Vass)	9. Birthpi	eca (State or Foreign
	Director		214-32-9241	XDM 2□ F 64	Yrs.	Months Deys	riours Min.	4/24/	32	Mar	yland
	pue *		Usual Residence of Decedent  10a. Stete 10b. County	10c. City	, Town or Loc	ation				10	Od. inside City Limits
	ours effer deeth with the Meryland all, or items 23s or 28s-f show Examiner must be notified at	tor	Md. Prince	George's	Seat :	Pleasan	nt				1 XYes 2 No
	h the	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhet Count	ry?
	23a c	alD	6011 Baltic	Street		20	743		U.	S.A.	
	term term	Funeral	11. Meritei Stetus	12. Wes Decedent Ever in U,: Armed Forces?	S. 13. W	les Decedent of H Yes, specify Cub	lispanic Origin? (Sp en, Mexican, Puerto	pecify Yes or No Rican, etc.)	- 14. Rac Bied	e - America k, White, e	
20	be filed within 72 hours efter tel Hyglene. d other than "natural", or fle	by F	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Detes:	1	□Yes 2Ã No	Specify:		Specify	B1	ack
21215-0020	n 72 hours eft natural; or		15. Decedent's E	ducation	16a. Decede	ent's Usuel Occup	pation		16b. Kind of Bu		
215	hin 72	Completed	(Specify only highest gre Elementery/Secondery (0-12)	completed) College (1-4or 5+)	(Give k life. D	ind of work done O NOT use retire	during most of world)	king			
2	od wil	Con	12th		Boi	ler Eng	ineer		D.C. G	over	nment
and	d de fi	Be	17. Fether's Neme (First, Middle, Last,				18. Mother's Nem				
Maryland	s 1 and 2 should be filed within Heelth and Mentel Hyglene. 1em 27 is marked other than other traumetic event, the Man	10	James A. Ster		10h Mellin	Address /Otros	Marg end Number or Ru		. Flet		Cordo
	nd 2 s lith an 27 is i		Barbara J. Ste				10 abo		BI, City of Town,	31010, ZID	2006)
re,	of Hee Hem of		20e. Method of Disposition	20b. Pl	ece of Dispos	ition (Name of etory or other ple		Dete	20c. Location -	City or Tov	wn, Stete
E C	Pege net: If iny or		1X Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	Memover from State			Park 12	/10/96	Lando	ver,	Md.
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Heelth and Mentel Hygiene. Important: if Item 27 is married other than any Injury or other traumatic event, the Mance.		21. Signeture of Funerei Service Licer	nsee	22.	Neme end Addre	,				
9	207 2 2		Jany,	u. Crato	4	н.S.Wa 1925 Bu	shingto rroughs	n & So Ave.,	ns,Inc	•	
		H	23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications thet caused the death one cause on each line.	. Do not ente	r the mode of dyle	ng, such es cardiec	or respiratory a	rrest,		Approximate Interval Between
	Physician /Medical		fmmedlete Ceuse (Final	Cardior	ne D.	Katen	0 1	_			Onset and Death
П	Examiner		disease or condition resulting in deeth)	9.			ving)				
	D &	ner		as pirat	es a consequ		P Sis			1	
	and -trans	Examiner	Sequentially fist conditions,	Due to /or	00 0 0000000	ionon of):		(()			
68760,	ificate be executed g physician and as the burlel-transit		Sequentially fist conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events				ceillt (	Itro	ke)		
687	tificate g phys as the	edical	resulting in deeth) Last	Due to (or	es e consequ	ence of):			,		
Box		M/u		d							
.0	The law requires thet the death certate hes been signed by the ettending page 2 should be detached for use	Physician/N	Pert ii. Other significant conditions o	ontributing to death but not resu	ilting in the un	derlying cause giv	ven in Pert I.	23b. Dld	tobacco una co	ntributs to	the cause of death?
P.O	d by the	Phy	Gentle in tes	7:011.	N .			10	Yes 2 No	3 Prob	ebly 4 Unknown
S,	signer bed	by	100)110 1415	1 to the	,			- 6000000		0.00	
Ö	w requires thet been signed t should be det	Completed						24a, Was perfo	an autopsy rmed?	ava	re autopsy findings illeble prior to npletion of cause
Rec	hes law	dm									leath?
tal	yslcian: The I s certificate he director, page	00	25. Was case referred to medical		_		26. Piece of Dee	10	121	1	]Yes 2□ No
>	ralcia s cert direct	To Be	exeminer?	Hospitel: 1 Inpatient 2	ER/Outnetlent	3□ DOA Oth			dence 6 □Oth	er (Specify	4)
0	er thi		27. Manner of Deeth 1- Naturel 5 □ Pending		28b. Time of Injury	28c. inju			now injury occur		
Siol	Attending Physician: ar death. ector: After this certifice by the funeral director, I	catic	2 ☐ Accident investigation	1	,,		Yes 2 □ No		1/4		
Division of Vital Records, P.O.	or Att	THE LEGIS	3 Suicide 6 Could not be determined	28e. Pleca of Injury - At hos building, etc. (Specify)	me, ferm, stre	et, fectory, office		28f. Location (. City or To	Street end Numb vn, Stete)	er or Rural	Route Number,
П	ours cours derail filled	Ce	29e. Certifier 15 Certifying Ph	ysfclan: To the best of my know	deep ephely	occurred at the th	me date and place	and due to the	cause(s) and ma	nner ac etc	atod
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	Medical Certification:	(Check only 2 Medical Exam	niner: On the besis of examineti and menner steted.	ion end/or inve	estigetion, in my o	opinion, deeth occur	red et the time,	dete end plece,	and due to	the cause(s)
	To the Comp	Σ	29b. Signeture and title of certifier			29c. Licens	se number		29d. Date signe		
	0		1 Sylans	/ m		D 2	-22 4	2	De Ce	6º1	05, 1996
	61		30. Name end eddress of person who	1 - 2	23e) (Type, P	rint)	As D	1111	l		
1	-		31. Dete filed (Month, Dey, Year)	32 Registrar's Signet	000	u su me	er lang h	031/1			
	Sta	(e	ST. Determed (Month, Dey, Year)	32 Registrar's Signet	D'						

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State of Maryland / Department of Health and Mental Hygiene 96 39158

m	777	Decedent's Neme (First, Middle, La	st)			ate of		2. Dete of De	Reg. No.		3. Time of Deeth	
Physician		BEATRICE				Month Dec	Dev	Year 196	6.05%			
/Medic Examin		BEATRICE THOMAS  4a. Fecility Name (If not institution, give street and number)					4b. City, Town, or		,	County of Deeth		
		Laurel Regional			- Man		Laurel If Under 24 Hrs.	_	Prince	Geor	ge's	
Funeral Director		5. Sociel Security Number 6. S 214-07-5575  Usuel Residence of Decedent	Sex 7. Ag	e (In yrs. lest bir 82	Yrs. Mont	hs Deys	Hours Min.	8. Dete of Bin (Month, Da Feb. 10	th ly, Year)	9. Birthplece (State or Fore Country)		
how		10e. Stete 10b. County		10c. City, Town	n or Location					10	d. Inside City Limi	
72 hours efter death with the Maryland natural', or items 23s or 28s-f show deat Examinet must be notified at	Director	Maryland Prince	George's	Fores	stville	2				1 ☐ Yes 2		
	Dire	10e. Street and Number			10f.	Zip Code			10g. Citizen of V	Vhet Count	ry?	
	ra	2615 Overdale Pla					747		USA			
al', or itam	by Funeral	11. Maritel Status  1 ☐ Never Married 2 ☐ Merried  3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ I It Yes, Give Year or Detes:			scedent of F specify Cubo s 2 2 No	lispenic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No to Rican, etc.)	Specify	e - America ek, White, e  Whit	tc.	
natur	eted	15. Decedent's Ed (Specify only highest gra	ducetion	16e.	Decedent's U	suei Occup	ation during most of wor	deina	16b. Kind ot Bu			
- 0 20	Completed	Elementery/Secondary (0-12)	College (1-4or 5	1+)			d)	King				
Mental Hygiene.  Merked other than natic event, me Me		12 17. Fether's Neme (First, Middle, Last)	)	Но	omemake	r	19 Mother's Nor	ne (First, Middle,	Own Ho			
ed o	o Be									Θ/		
2 4 5	2	John A. Monahan  19e. Intorment's Neme/Reletionship (	Type, Print)	19b	. Meiling Addr	ess (Street	Briage and Number or Ru	t P. McC		State. Zin i	Code)	
47.5		Sandra B. Martin					ane Lau				5000)	
of Health I Item 27 I		20e. Method of Disposition		20b. Piece of	Disposition (i	Neme of		Dete	20c. Location -		vn, Stete	
nt: If Its		1 🖫 Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify			,	,	metery 1	2/09/96	Cilvor	Caria	a Marvil	
Department Important: If any Injury or once.		21. Signeture of Foreral Service Licen		Gate			ss of Fecility	2/09/90	Silver	Sprin	g, Maryı	
2 5 8		Hoper 18	Kamsi	esesa.			Collins					
- voicion		23a. Part1. Enter the disease, or comp shock, or heart teilure. List only			1500 to	Iniver	sity Blv g, such es cerdiad	d., W. Si	Liver Sp		Marylan Approximate Intervel Between Onset end Deeth	
hysician /Medical xaminer		Immediate Cause (Final disease or condition resulting in death)	Θ		1 ASSI -	ie m	yound	openf	andor	1	MRS	
	Jer			Due to (or es e o	consequence	ot): AD	•			i	4.0	
ng physician and	Examiner	Sequentially list conditions.	b								1-	
ian a		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury			4							
hysic the b	dica	thet initiated events resulting in deeth) Last	Due to (or es e consequence of):								100	
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	Examir		4e. Facility Neme (If not institution,	give street and num	ber)				4b. City, To	wn, or Lo	cation of Deeth	4c. County			
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	fand tand		10a. State 10b. County		10c. City	y, Town or Lo	ocation						10	Od. Inaide City Limits	
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712	filed within Hygiene. ither than	duc	Elementary/Secondary (0-12)	Coilege (1~	4or 5+)		tire	_				used	tires	5	
	Hyg other	Be C	17. Father'a Name (First, Middle, L	ast)					18. Mothe	r's Neme	(First, Middle, N	Maiden Sumam	10)		
lar	should be and Mental marked of umatic eve	To B	Daniel	Edward Th	ompson	, Sr.					Nora L.	Hiser			
Maryland			19e. informant'a Name/Reletionshi	ip (Type, Print)		19b. Malii	ng Address	(Street	and Numbe	r or Rura	l Route Number	, City or Town,	State, Zip	Code)	
	f Heelth frem 27 i		Mr. David Thomp	son/Son		1132	Sunny	ysic	ie Dri	ve,	Hagerst	own, Ma	aryla	nd 21742	
ore	of Herrither		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion	3 □Removai from S		ieca of Dispo em <i>etery</i> , c <i>re</i> r	osition (Nam matory or oth	e of her plac	ce)	i	Dete 20c. Location - City or Town, Stete				
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Baltimore,	permit. Pages Department of Important: If It any injury or o		21. Signature of Funeral Service L	gensee.		6 1	2. Name and				INNICH				
ш	70 F 9 9		Scally	Mm	K	4	15 Eas	st V	Vilson	ı Blv	d., Hag	erstown	n, Ma	ryland 2174	
Box 68760,	Physician and wentificate be executed the death certificate be executed to the attending physician and a deteched for use as the buriel-transit	Physician/Medical Examiner	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. 9c b. Athor	Due to (or	myc ras a donsec erot ras a consec as e consec	quence of):	ca	al rdio	in vas	farcti	ion - dise	02)	lkr	
E	death ed fo	sici	Part li. Other significant condition	s contributing to dea	th but not resu	ilting in the u	nderlying ca	use giv	en in Part i.		23b. Did tobacco use contribute to the cause of death?				
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Division of Vital	definer: The	Be	25. Was case referred to medical examiner?	Hospital:				low		of Death	(Check only on	e)			
0	E E =	2	1 ☐ Yea 252 No 27. Manner of Death	Hospital: 1 ☐ inp		ER/Outpatier			4 LI Nur		ne 5 Reside		4-1	)	
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2	affer Dire	enti	4 Homicide	building	, etc. (Specify	)	001, 10010-7,	Ollioo			City or Town		01 01 110101	Trodio Trainion,	
	hours hours nerel y fille	aic	29a. Certifier 1 Certifying	Physician: To the be	est of my know	viedge, death	occurred at	t the tin	ne, date and	d place, a	nd due to the ce	ouse(s) end ma	nn <i>e</i> r as sta	ated.	
	he Ho in 24 he Fu pletel	edicai	(Check only 2 Medical Ex	kaminer: On the bas and menne	is of examinati	on end/or inv	vestigation, i	n my o	plnion, deat	h occurre	d at the time, de	ate and place, s	and due to	the cause(a)	
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	1		30. Name and address of person wi	no completed cause	death (item	10.0		. 1	$\bigcirc$				1	00 (	
	-0.		31. Date filed (Month, Day, Year)	nan 1	lstrar's Signet		edic	al	Lar	mpi	)5 H	29 Prs	TOW	n 110	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physician
/Medicai
Examiner

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1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey Month Year ORLANDO TOMAS, JR. DECEMBER 09. 1996 4:10 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death CAPITAL BELTWAY I - 495COLLEGE PARK PRINCE GEORGES If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Yrs. Director 214-11-9082 24 Nov 28, 1972 Virginia Usual Residence of Decedant the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1X Yes 2 No Director Maryland Prince Georges District Heights 10e. Street end Number 10g. Citizen of What Country? 2010 Brewton Street 20747 United States Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yas, Give Yeer or Datas: 11. Marital Status Wes Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indian, Bleck, White, etc. filed within 72 hours after 1X Never Merried 2 Married 21215-0020 1 XYes 2 □ No Specify: þ Specify: White/Peruvian 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Pages 1 and 2 should be filed w thent of Health end Mental Hygier tant: if Item 27 is marked other th jury or other traumatic event, the Sales person Computer Salesman Baltimore, Maryland 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Orlando Tomas, Sr. Norma Aguilar 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2: Department of Health or Important: If Item 27 Is any Injury or other trau Orland Tomas, Sr. (father) 2010 Brewton St., District Heights, Md. 20747 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State Cedar Hill Cemetery 12/13/96 Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOMES complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory errest, inly ona cause on each line. 20747 Approximete Intervei Between Onsat and Deeth Physician /Medicai Immedieta Cause (Fine disease or condition resulting in deeth) Examiner Due to (or as e consequence of) The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events rasulting in deeth) Last burial-tran Due to (or es e consequença of): P.O. Box 68760, Physician/Medical Due to (or es e consequance of): use as the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yee 2 No of Vital Records, Š page 2 should be 24b. Were eutopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy certificate has 2 No Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6XX ther (Specify) 2 1 XYes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this the funeral 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred In Certification: After Division Attending 5 Pending investigation 1 Natural driver struck death. 1 Yes 2 Accident
3 ☐ Suicide i or Attend after death Director; 12/9/16 0305 42 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) in by 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hospital of within 24 hours of To the Funeral D completely filled it Medicai 29e. Certifier (Check only one) 29b. Signatura and title of certifian 29c. Licanse number 29d. Data signed (Month, Day, Year) O.C.M.E. DEC. 09, 1996 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) THE POPE Mike 111 Penn Street, Baltimore, Maryland 21201 egistrer's Spineture

State Registrar 31. Dete filed (Month, Day, Year)

ER 2 F D E D

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth TUCKER. **Physician** CAPL 4.30 PM 12 3 1986 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hyatts Ville NURSIN G Hyaltsville Home. Manet If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer 8. Dete of Birth (Month, Dey, Year)
Sept. 20, 1951 Washington, D.C. Birthplace (State or Foreign Country) **Funeral** Months Deys 1☑M 2□F 578-68-5616 Director Usual Residence of Decedent death with the Meryland 10b. County 10c. City. Town or Location items 23a or 28a-f show 10d. Inside City Limits 1 MYes 2 □ No Director District of Columbia Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 100 Division Avenue, N. E. 20019 United States Funeral 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Meritel Status 14. Race - American Indian, Black, Whita, etc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give 1 Never Married 2 Married "natural", or 1 ☐ Yes 2 ☑ No Specify: à 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Government then Elementary/Secondery (0-12) College (1-4or 5+) Custodian U.S. Postal Service le marked other permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: If item 27 is marked other
eny Injury or other treumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Carl Anderson Nealie Davis 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carolyn Holland 2108 Marbury Drive, District Heights, MD 20747 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ₺ Buriel 2 □ Cremetion 3 □ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Ft. Lincoln Cemetery 12/9/96 Brentwood, MD 22. Name and Address of Facility STEWART FUNERAL HOME, Inc. blications that caused the death. Do not enter the mode of dylng, such as cardiec or respiratory arrest, one cause on each line. ort1. Enter the diseas Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): Physician/Medical Examiner disease ettending physician and for use as the burlel-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Division of Vital Records, P.O. Box 68760, anty to benea Due to (or as e consequence of): that initiated events resulting in death) Last signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes b lirector, page 2 s 1 Yes 2 No 1 □Yas 2 □ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No deeth. 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 6 4 Homicide offar Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number Dec 4th, 1996 20062 SILVER SPRING MARYLAND 20910

State Registrar 31. Dete filed (Month, Day, Year)

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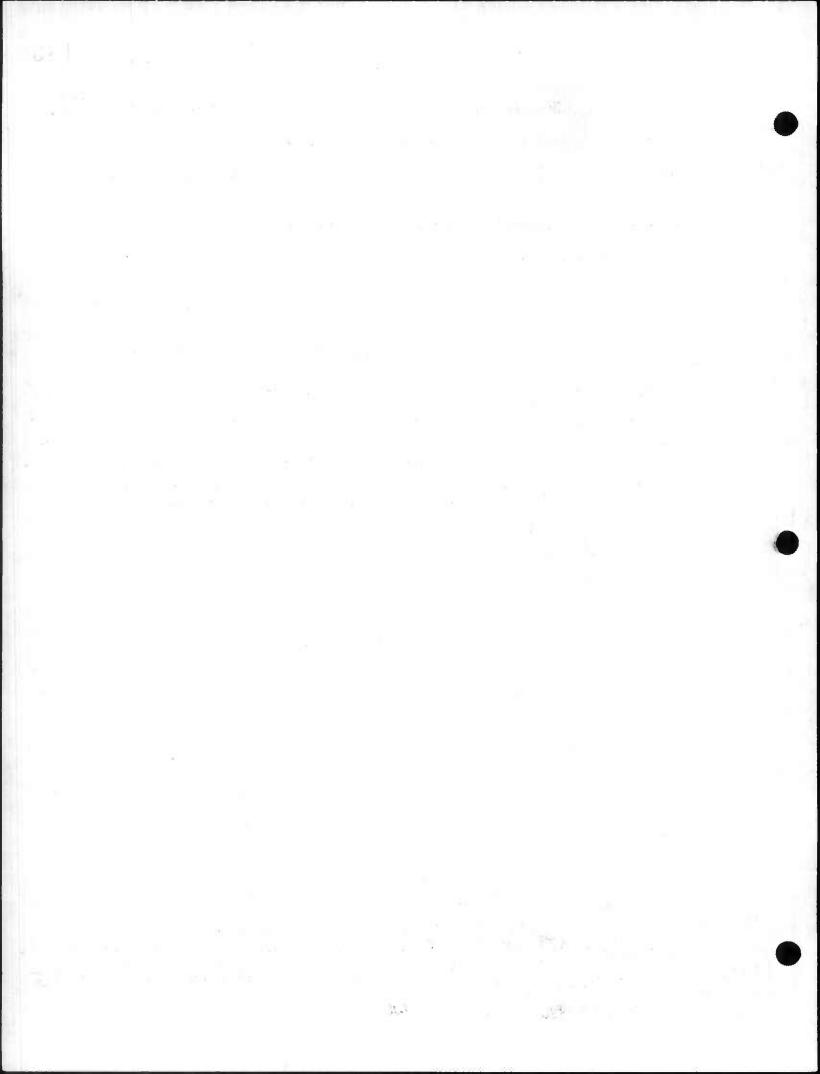
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20. Method of Disposition   Data   20c Location - City or Town, Stata   20c Location - City or Town, Stata   20c Location - City or Town, Stata   4   20c Locati	20. Method of Disposition   Data   20c Location - City or Town, State   20c Method of Disposition   Name of   Name o	-		Informant's Name/Ralations	hlp (Type, Print)		19b. Mailing Addras	ss (Street	and Number or F	lural Routa Numi	per, City or Town,	State, Zip (	Coda)
23a. Part Enter the disease, or complications the decade that death. Do not amar the mode of dying, such as cerdiac or respiratory arreat.  Approximate shock, or heart fallure. List only one cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of dying, such as cerdiac or respiratory arreat.  Approximate contribution or cause of each mode of the each expense of each mode of the each expense of each mode  23a. Part. Enter the dasable of completions the design of the dash. Do not antar that mode of dying, such as cerdiac or respiratory areast.    Approximate products of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the dash of the das	ঠ	20a.	Mathod of Disposition M∑Buriai 2 ☐ Cramation	3 □Ramoval from Stata	20b. Plac	ce of Disposition (Na natary, cramatory or	ama of othar pla	сө)	Data	20c. Location -	City or Tow	vn, Stata	
23a. Part I Enter the deases, or complications thing coursed the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.  Approximate Introduction of the course of about fines.  Immediata Causa (Final deases or condition resulting in death)  Due to (or as a consequence of):  Due to (or as	23a. Fartt. Enter the disease, or complications the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, processor of each interest of actinities. Let only one cause of actinities. Do not anter the mode of dying, such as cerdiac or respiratory arrest, processor of actinities. The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	any Inju	21.	Robert E. (	Cums, 1	Pres	Robert	t E.	Evans Fu				
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29a. Cartifiar (Check only one)  29a. Cartifiar (Check only one)  1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.  29b. Signatura and titla of certifiar  29c. Licansa number  29d. Data signed (Month, Day, Year)  12/10/96	29a. Cartifilar (Check only one)  29a. Cartifilar (Check only one)  29a. Cartifilar (Check only one)  20 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.  29b. Signature and title of certifier  29c. Licansa number  29d. Data signed (Month, Day, Year)  12/10/96  30. Nama and addrass of parson who complated ceuse of death (Itam 23a) (Type, Print)		1 2 3	Natural 5 ☐ Panding ☐ Accidant Invastig ☐ Suicida 6 ☐ Could n	28a. Data of Injur (Month, Day ation	Year) 28	Bb. Tima of Injury M	28c. tnjur Wor 1 □	y at k?	28d. Dascribe	how injury occurr	ed	
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Self employed   Roofing	Kent U.K
17. Father's Name (First, Middle, Meiden Sumeme)   18. Mother's Name (First, Middle, Meiden Sumeme)   18. Mother's Name (First, Middle, Meiden Sumeme)   19. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   19. Informant's Name/Relationship (Type, Print)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   18. Mother's Name (First, Middle, Meiden Sumeme)   19. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   18. Mother's Name (First, Middle, Meiden Sumeme)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   18. Mother's Name (First, Middle, Meiden Sumeme)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   18. Mother's Name (First, Middle, Meiden Sumeme)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   18. Mother's Name (First, Middle, Meiden Sumeme)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   18. Mother's Name (First, Middle, Meiden Sumeme)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steet, Zip Cool 19. The Close CheQuer's Park Wye, Ashford, K	Kent U.K
Walter Ugolick  19a. Informant's Name/Relationship (Type, Print)  Susan D. Vadencourt  19 The Close CheQuer's Park Wye, Ashford, K  20a. Method of Disposition 18 Burial 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)  21. Signature of Funeral Service Licensee  22. Name end Address of Facility Francis Gasch's Sons  4739 Baltimore Avenue Hyattsville, Md. 20  23e. Parl: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, if any, leading to immediate cause. Enter Underlying Cause. Disease or injury that inhilated events resulting in death)  Due to (or es a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	Kent U.K
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Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  23b. Did tobacco use contribute to the	
£ XB	bly 4 Unknown
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24e. Wes an autopsy performed?  24e. Wes an autopsy performed?  1  Yes 2 No 1 Yes	oletion of ceuse ath?
1 Yes 2 No 1 Yes  25. Was case referred to medical examiner?  Hospitei:	Yes 2□ No
25. Was case referred to medical examiner?  1	
27. Manner of Death 27. Manner of Death 28. Detecting the following the	
1 Netural 5 Pending (Mohan, Dey Fear) Injury Work? 2 Accident investigation M 1 Yes 2 No	
25. Was case referred to medical examiner?  12. Yes 2 No  25. Was case referred to medical examiner?  12. Yes 2 No  26. Plece of Death (Check only one)  27. Manper of Death  12. Manper of Death  13. Melural  14. Morrising Home  28. Dete of Injury  (Month, Dey Year)  28. Time of Injury  (Month, Dey Year)  28. Location (Street end Number or Rural Roughliding, etc. (Specify))  28. Plece of Injury at Work?  14. Morrising Home  28. Describe how injury occurred	loute Number,
1	ed.
Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the and manner started.	ne cause(s)
29c License number 29d, Date signed (Month, Dev.	y. Year)
D33954 DECEMBER 5,	1996
29c, License number of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartilles of Cartille	20785
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State of Maryland / Department of Health and Mental Hygiene 96 39 164

						Ce	rtificate	of i	Death			Reg. No.	20	051	•
			1. Decedent's Neme (First, Middle, L	est)							2. Dete of D	eeth		3. Time of	Deeth
	Physic /Medi		R	ena G.	Voge1						Month Decemb	er 3,	1996	1:20	P.M.
	Exami		4e. Fecility Name (If not institution, gi		- Y				b. City, To	wn, or L	ocation of Dea		inty of Death	-	1 0110
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r	Funeral	г		Sex		lest birthdey)	If Under 1	Year	If Under	-	8 Date of B	rth		-	or Foreign
L	Director		285-22-5359 Usuel Residence of Decedent	1□ M 2 <b>X</b> F	77	Yrs.	Months D	)eys	Hours	Min.	May 23	ay, Year)		pieca (Stata c ntry) :ucky	, roloigii
	/land		10a. State 10b. County		10c. C	ity, Town or Lo	ocation							10d. Inside Ci	ity Limits
	72 hours after death with the Maryland natural; or items 23a or 28a-f show oreal Examiner must be notified at	Director	Maryland Montgom	ery		Gaith	ersbur	_				10- 00	-(110-110-110-110-110-110-110-110-110-11	1 🗆 Yes	2 🔯 No
	with w											10g. Citizan	or whet Cou	ntry?	
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21215-0020	"naturai", or	by F	3 XWidowed 4 □ Divorced	1 ☐ Yes If Yes, Gi Year or D	ive	- 4	1□ Yes 2√	] No	Specify:			Spe	ecity: Lith	nite	
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Z	2 should and Men is marks sumstic	10	19a. Informent's Name/Reletionship		_	19h Meilir	na Address /S	treet			zi Route Numi	per City or To	um State 7i	o Code)	
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			23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	plications thet of	ceused the dee	th. Do not ent	er the mode o	f dyin	g, such es	cardiac	or respiretory	errest,		Approximete Intervei Bet	e ween
	Physician percentificate be executed attending physician and for use as the buriet-transit	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	e		HEID or es a consec or es e consec	quence of):	5		D13	SE AS			6-7	YRS
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o	by the sached	Physician	Pert II. Other significant conditions	contributing to de	eath but not ras	sulting in the u	ndarfying caus	a give	en in Pert I.		23b. Did	tobacco use	contribute t	o the cause o	of death?
9	that the ed by detac										1 🗆	Yee 2□ N	o 3 Pro	bably 4 💢	Unknown
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Record	e law requires that hes been signed b je 2 should be dete	Completed										en autopsy ormed?	9/	ere eutopsy for eilable prior to empletion of condeath?	0
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Vital		Be (	25. Wes case referred to medical exeminer?						28. Place	of Deet	h (Check only	one)			
>	5 00	2	1 XYes 2 No	Hospitei:	Inpatient 2	ER/Outpetlen	t 3 DOA	Oth	er: 4 Nu	rsing Ho	ma 5 Res	dence 6 🗆	Other (Specia	(y)	
Jou			27. Menner of Deeth	28e. Dete	of Injury	28b. Time of	28c.	Injun	et		28d. Dascribe	how injury oc	curred		
Ö		1 XNaturel 5 Pending (Month, Day Year) Injury W							Yes 2 1	No					
Division	Hospital or Attan 24 hours after deat Funeral Director: stely filled in by the	Certification:	3 Suicide 6 Could not be determined	286. Plece	of Injury - At h ng, etc. (Special	ome, farm, str	eet, fectory, of	fice			28f. Location ( City or To	Street and Nu wn, Stete)	mber or Run	al Routa Num	ber,
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical C	29a. Certifier 1 Certifying Ph	ninar: On the ba	best of my kno asis of exemina nar stated.	wledge, death	occurred et the	ne tim	e, dete end pinion, deet	d place, th occurr	end due to the red at the time,	cause(s) end dete and plac	menner es s ce, end due t	teted. o the cause(s	)
	within 2 To the comple	Me	29b. Signetura and title of cartifiar		0/		29c. Li	cense	number	-		29d. Date sig	ned (Month,	Day, Year)	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** Carlos Lopez Videla December 11, 1996 2:45AM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Bethesda Suburban Hospital Sex 1 M 2 F If Under 1 Yeer 8. Date of Birth (Month, Day, Year) July 25, 1898 5. Sociei Security Number 7. Age (In yrs. last birthday) if Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** Months Days Hours Yrs. Bolivia Director 212-68-4206 98 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Montgomery Bethesda 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20817 Bolivia 6507 Winnepeg Road Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒No If Yes, Give Year or Detes: 1 Yes 2 No Specify: by Specify: 3 X Widowed 4 □ Divorced Bolivian White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 2 should be filed within 7 and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Export/Import Electrical Engineer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Margarita Palacios Daniel Lopez Videla 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: if Item 27 is any Injury or other trau once. 6603 Tusculum Road, Bethesda, Maryland 20817 Carlos Lopez Videla, Jr./Son 20b. Place of Disposition (Name of cemetery, crematory or other place)
December 14, 20a. Method of Disposition 20c. Location - City or Town, State Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 1996 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Robert A. Pumphrey Funeral Home ethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda-Chevy Chase, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. M00803Bethesda, Maryland 20814-3501 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence of) Examiner physician end the burial-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? erioscleration á 1 Yes 2 No 3 Probably 4 Unknown signed t þ 24b. Were autopsy findings available prior to completion of cause of death? ASRIFATION Completed 24e. Was an autopsy performed? peed 1 ☐ Yes 2 No certificate 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certific: completely filled in by the funeral director, Be 25. Was case referred to medical exeminer? 28. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ EP/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25€No Certification: To 27. Menner of Deeth 28e. Dete of Injury. (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) December 11,1996 30. Name end address of person who completed cause of death (item 23a) (Type, Print) B WHEATON MD 20906 SHERER 394 mp 31. Date filed (Month, Day, Year) 32. Registrer's Signature State Registrar Julia Davidson-Rondolle

**DHMH 16 Rev 6/95** 

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middia, Last) 2. Date of Deeth 3. Time of Death OS:15PM FOUND Month Day Year DECEMBER 11, 1996 **Physician** VALLER JOSEPH /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner PRINCE GEORGES LANDOVER 3704 HARMON AVE 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1**∑**M 2□ F Hours LOUISIANA 72 Vrs Director 224-52-5213 Usual Residence of Dacedent nit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland administration of Health and Mental Hygiene. ortants if item 23 e or 28=4 show include it items 23 e or 28=4 show include or the traumatic event, the Medical Express must be notified at 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 □ No Director PRINCE GEORGES LANDOVER HILLS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3704 HARMON AVE. 20784 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 M Yes 2 No If Yas, Give Year or Dates:1956-1959 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2□ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedent's Education (Spacify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 HOUSING MAINTENANCE MAN 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be JOSEPH VALLER VIRGINIA BERNARD 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) EUTHA MAE VALLER AS TTEM 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Date 20c. Location - City or Town, State Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) permit. Page Department of Important: If any Injury of once. ARLINGTON NATIONAL CEM. 12/18 ARLINGTON. VA. 21. Signeture of Funeral Service Ligarance 22. Name and Address of Facility M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23a. Part1. Enter the disease, or complications that ceused the death. Do not entar tha moda of dying, such as cerdiac or respiratory arrest, shock, or haart fallura. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final HYPERTENSIVE ARTERIOSCLEROTIC CARPIOVASCULAR DISEASE disease or condition resulting in daeth) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disaasa or injury that initiated evants resulting in death) Last pue Due to (or as a consequence of): Box 68760 physician Physician/Medicai the Due to (or as e consequence of): signed by the atte Part It. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23h. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of death? should s 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No this certificate Division of Vital or Attending Physician: Be 25. Was case referred to medical 28. Placa of Daath (Check only ona) examiner? 10 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After Natural 5 Panding investigation 1 Yes 2 No death. 2 Accident after death Director: 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homleida To the Hospital of within 24 hours a To the Funeral D 29a. Certifler 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. Medical (Check only 25 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c, License number PEYUTY MEPICAN EXAMILER 29d. Date signed (Month, Day, Yaer) i title of certifier 29b. Signature DECEMBER 12, 1996 30. Name and address of person who completed cause of death from 23a) (Type, Print)
MARIO F. GOLVE TR. MD. 3001 H03 JR.MD. CHEVERLY MARYLAND 20785 MARIO + GOLLE 3001 HOSPITAL PRIVE 31. Date filed (Month, Day, Year) 32 Registrer's Signature State DEC 1 3 1996 Registrar

**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hygiene 96 39 67

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			1. Decedent's Neme (First, Middle, L	ast)						2. Date of Dea	lh		3. Time of	Death
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	Examir		4a. Fecility Neme (If not institution, g	ive street end number)					4b. City, Town, or		4c. County	of Deeth		
			6002 Osceola Ro	ad					Bethesda		Mont	gomery	7	
	Funeral		Social Security Number     6.		e (In yrs.	last birthdey)	If Und	er 1 Yeer s Days				-	ce (State or	r Foreign
	Director		521-07-0712 Usual Residence of Decedent	1□ M 2ĀF {	85	Yrs.	MONTH	5 Days	rious win.	Oct. 15	,1911	Color	ado	
	death with the Maryland ms 23a or 28a-f show r.must be notified at		10a. Stete 10b. County		10c. Ci	ty, Town or Lo	cation					10d	l. Inside Cit	
	8 34	Director	Maryland Montgo	mery		Bethes	sda						1 2 Yes	2□No
	# P 20	Oire	10e. Street and Number				10f. Z	ip Code		1	0g. Citizen of \	What Country	17	
	23a	rail	6002 Osceola Roa	d				2081	.6		U.S.	Α.		
Maryland 21215-0020	72 hours after death with the Marylar "naturer", or heres 23e or 28e-f show sideal Examiner must be notified at	by Funeral	11. Merital Stetus  1 ☐ Never Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces?  1 Yes 221  If Yes, Give Yeer or Detes:		1			Hispanic Origin? (S en, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		e - American ck, White, etc	o	
9	2 hos	Pa	15. Decedent's	Education		16a. Deced	dent's Us	ual Occu	pation		16b. Kind of B			
215		Completed	(Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4or 5	)	(Give	kind of N DO NOT	vork done use retire	pation during most of wo od)	rking				
21	d within pione. r than the Me	Eo	Elementary/Secondary (0-12)	2	)+)	offic	e ma	anage	er		AT&T (D	enver	)	
P	if Hygin other vent, g	BeC	17. Father's Name (First, Middle, Las	t)					18. Mother's Na	me (First, Middle, I				-
a /	Mental Mental anhad o	ToE	Francis Boland						Rose	Mahoney				
ar)	福田田田		19a. Informant's Neme/Ralationship	(Type, Print)		19b. Mailin	ng Addre	ss (Stree	and Number or R	ural Route Number	City or Town,	State, Zip C	ode)	
	1 and 2 Health a em 27 is other tra		Maryann Walsh V	ines/daugh	ter	7041	Sul!	ky La	ne, Rock	ville, M	d. 2085	2		
Baltimore,			20a. Method of Disposition		20b. F	Piece of Dispo	sition (A	ame of	ice)	Date	20c. Location	City or Town	ı, State	
Ĕ	Pages nent of ant: If its ary or o		1 ☐ Surial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec							c.16,96	Potoma	c. Md.		
Ħ	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Euneral Service Lice	nisee \\ \/ \/					ess of Fecility	C.10,50	TOCOMO	c, ma		
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	- 11 8		23a Part Enter to disease, or co	nplications that caused	the deat	h. Do not ente	er the m	Deer	ng, such as cardia	., Gaith	ersburg est.	. A	poroximate	В
-	Physician		shock or heart failure. List onl	y one cause on each lir	10.						55-1	lr.	nterval Betwonset and D	ween
2	/Medical		Immediate Cause (Final	O1 1	01			. 1	D1.					
	Examiner		disease or condition resulting in death)	W		or as a conseq			nary Dis	ease		у	ears	
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	tificate be executed ig physician and as the burial-transit	Examiner	Sequentially list conditions	b. Congest		neart oras a conseq						illo	nth	
ó	an an rial-tr	EX	if sny, leading to immediate cause. Enter Underlying				1201100 0	.,.						
68760,	te be ysicia	ledical	Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events	c	Due to (c	or es e consequ	uence of	):						
	35 CD 65	Med	resulting in death) Last		155	22.20								
Вох	attending	2		d										
	0 0 0	Physician/N	Part II. Other eignificant conditions	contributing to death be	ut not res	uiting in the ur	nderivino	cause of	ven in Part I.	23b. Did to	bacco ues co	ntributs to ti	he cause o	of death?
P.0	that the de ned by the a detached	t,					,			1X) Y	88 2 No	3 Probe	bly 4□t	Unknown
	es the igned be de	by F			-			<u> </u>						
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<u> </u>	는 등 등	50								1 □ Y	es 21 No	10	Yes 2□I	No
Vital	ysician: The is certificate director, pag	Be	25. Was case referred to medical examiner?						26. Place of De	ath (Check only or	16)	-		
of	5 00 0	2	1 ☐ Yes 2 ☒ No	Hospital: 1 Inpatie	nt 2	ER/Outpatien	nt 3□ I	DOA OI	her: 4 Nursing I	Home 520 Reside	ence 8 Oth	er (Specify)		
n	D 5 5	ou:	27. Manner of Death 1 □Naturel 5 □ Pending	28a. Date of Injur (Month, Da)	y Year)	28b. Time of Injury		28c. inju Wo	rk?	28d. Describe h	ow injury occur	red		
Sio	Attending or death. Sector: After by the fune	cat	2 Accident investigati 3 Suicide 6 Could not	he			М		Yes 2 No					
Division		Certification:	4 Homicide determine		ury - At h c. (Specil	ome, ferm, stri y)	eet, fact	ory, office		28f. Location (S City or Town		per or Rural F	loute Numb	ber,
	Hospit 24 hour Funera tely fills	edical C		hysician: To the best of minsr: On the basis of and manner sta	exa <i>m</i> ine									)
	To the within 2 To the comple	Me	29b. Signature and title of certifier				2	9c. Licen:	se nu <i>m</i> ber	2	9d. Dete signe	d (Month, De	ly, Year)	
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	10		30. Neme and eddress of person who		eath (ites	n 23e) (Time		04021	. U	De	ecember	9, 19	70	
	1		Dennis Cullen, M					herry	Chase	Maruland	20915			
	Sta	te	31. Date flied (Month, Day, Year)	32 Registre	ar's Signa	ature		rievy	onase,	mar y raild	20013			
	Registr		DEC 1 3 1996	July De	widne	~- Randel	12							

State of Maryland / Department of Health and Mental Hygiene 96 39 168

				Cer	tificate of	Death		F	Reg. No.		03100
			1. Decedent's Neme (First, Middle, Last)					2. Date of Dee			3. Time of Deeth
	Physici		Mark George WAGNER					Month Dec.	Dey 13	1996	0435
Ň	/Medi Examir		4a. Fecility Neme (If not institution, give street end number)			4b. City, Tow		cation of Death	7	ounty of Death	
	Exami	161	Homewood Retirement Center			1/1 1 1	ieme	+			
Н		-	5. Social Security Number 6. Sex 7. Aga (In yrs. In	est hirthday)	If Undar 1 Year	Will If Under 2	4 Hrs.	POT I		shingto	
	Funeral		Man and	Yrs.	Months Days	Hours	Min.	8. Date of Birth (Month, Dey	Y Year)		placa (Stete or Foreign ntry)
	Director		214-36-0289 ASS 89 Usuel Residence of Decedent					Oct.12,	1907	Penn	sylvania
	and war			, Town or Loc	eation					T	10d. Inside City Limits
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	1 23	Funeral	16505 Virginia Ave.		21795				7	SA	
	tem.	une	11. Marital Status 12. Wes Decedent Evar in U, Armed Forces?		Vas Decedent of F Yas, specify Cube	lispanic Orig en, Mexican,	in? (Spe Puerto I	cify Yes or No- Rican, etc.)	14	<ul> <li>Race - Amari</li> <li>Bleck, White</li> </ul>	
2	or i		1 Nevar Married 2 Married 1 Yas 2 No If Yes, Give	1	☐ Yes 21 No	Specify:			S	pecify: Wh	
21215-0020	filed within 72 hours after deeth with the Maryland Hyglene. ther than "natural", or items 23s or 28s-f show hm, the Medical Examiner must be notified at	d by	3 Wildowed 4 ☐ Divorced Yaer or Datas:							, MII	116
S.	72 t	Completed	15. Decedent's Education (Specify only highest grede completed)	(Giva k	ent's Usual Occup kind of work done	during most	of worki	na	16b. Kind	of Business/in	ndustry
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<u>a</u>	should be t and Mental I marked of umatic eve	10	Charles Boyer Wagner			Mam	ie	(Nmi)	Bar	rtholom	iew
Maryland	2 sho and Is me		19e. tnforment's Neme/Reletionship (Type, Print)	19b. Meiling	g Address (Street	end Number	r or Aura	/ Routa Numbe	r, City or T	own, Stete, Zi	p Code)
	1 and 2 Health em 27 l		Roderick J. Wagner	16516	Tammany	/ Lane	Wi	Iliamsp	ort,	4D 2179	5
re	of He r			lece of Dispos	sition (Neme of	ce)		Dete	20c. Loca	ition - City or T	own, Stete
Baltimore,	parmit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show may highly or other traumatic event, the Medical Examiner must be notified at enter		1 🗆 Bunal 2 LyCremetion 3 🗆 Hemoval from State		,	*	00 1	3 1996	Smith	nehura	Maryland
=	Harry .		21. Signature of Feneral Service Licenses						311111	isbui g,	rial y lailu
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			23a. PartT. Enter the disease, or complications that caused the deeth shock, or heart failure. List only one ceuse on each line.	. Do not ente	r tha moda of dyir	ng, such es c	cardiec o	r respiratory ari	rest,		Approximate Interval Between
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	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Certifiar (Check only one) Health and Check only one) Health and Description on the basis of exeminetic on the basis of exeminetic one of meaning statements and meaning statements.	viedge, deeth on and/or inve	occurred at tha tir estigetion, in my o	ne, dete end pinion, deeti	l placa, a	nd due to the c ed at the time, d	cause(s) ar dete and pi	iece, and due	to the cause(s)
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	5 2 £ 5				250. Licans	> 1- 6	26	4	LOU. DAIN	signed (Month,	C/
			1181		1)	1010	0		10	-115/7.	6
			30. Million and address of person who completed cause of deeth (Item	23e) (Type, P	Print)	1	1.	Not-		11	2/7/2
			1 31((MUL) 200 7470	NOT	Cer Mu	e 17	His	gna	un	WW)	01/80
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	Registr	ar	DEC 1 3 1996 July Studies	- Contract	•						

State of Maryland / Department of Health and Mental Hygiene

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39169

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Franklin Henry 9ay 1 9 9 Year **Physician** Wagner Deleth 9:15AM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Physicians Memorial Hospital LaPlata Charles If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign
Country) **Funeral** Director 80 1915 Dec. WI Usual Residence of Decedent the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examinar must be notified at WI Brown Morrison 1 ☐ Yas 2 🛣 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6816 Dickinson Rd. 54126 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s any injury or other traumatic avant Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - American Indian, Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 TNo by 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondery (0-12) College (1-4or 5+) Grocery Store Clerk/Owner 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) Be Henry Wagner Sadie Saenger Wagner 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Ruby Elida Wagner 6816 Dickinson Rd. Greenleaf, WI 54126 20b. Placa of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 DBurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Lark Methodist Cem. 12/6/96 Morrison, WI 21. Signature of Funaral Service Licenses AREHART-ECHOLS FUNERAL HOME, INC. 23a. Part Entar tha diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. P.O. Box 567 LaPlata, MD 20646 Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Atheroscierone Cardiovascular Disease years. Examiner Due to (or as a consequence of): Examiner physician end the burial-transit Sequentially list conditions, if any, laeding to Immadiata cause. Enter Underlying Causa (Disaasa or Injury that initieted evants rasulting In deeth) Last Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): 950 Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 3 Probably 4 Unknown Mellitus. 1 Yes 2 No Diabetes þ should 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of death? Completed page 2 s certificate 1 ☐ Yas 2 K No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certifica completaly filled in by the funeral director, to Be 25. Was casa rafarred to medical axaminar? 28. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ▼ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) P 1 Yas 2 No 27. Mannar of Death 28a. Data of Injury (Month, Dey Year) 28b. Tima of Injury Certification: 28c. Injury at Work? 28d. Dascribe how injury occurred Neturei 2 Accidant 5 Panding invastigation 1 Yes 2 No 6 Could not be detarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, deta and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifier Medicai 29b. Signapo 29c. Licensa number 29d. Data signed (Month, Day, Year) Deputy Med. Examin D46419 12/2/96 and addrass of person who complated cause of daeth (Itam 23a) (Type, Print)

mb 700 Old Line Center #100 Waldorf, MD 20602

Registrar

State

Charlene

31. Data filed (Month, Day, Year)

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DEC 1 6 1996

Lutchford

32. Registrar's Signatura

Jalia Davales Rardall

State of Maryland / Department of Health and Mental Hygiene 96 39170

						Certificate (	of Death		Reg. No.	0 ,	33110
	Dhyoia	ion	Decedent's Neme (First, Middle, L	ast)				2. Data of Dea	ath Dey	Year	3. Time of Death
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1	Exami		4a. Facility Neme (If not Institution, g 2365 Walbrook	iva street and number) Court			4b. City, Town, or L Waldorf	ocation of Death		of Deeth	
	Funerai Director		5. Social Sacurity Number 6. 218-14-2043 Usuel Residence of Decedent	Sax 7. Aga (In	72 Y	Months Da	ear If Under 24 Hrs. ays Hours Min.	8. Dete of Birt (Month, Da August 1	, 1924	Coun	lace (Stete or Foreign try) yland
	how		10a. Stete 10b. County	10	c. City, Town	or Location				10	0d. Inside City Limits
	e Me	cto	Maryland Charles	3	Waldor	f					Yes 2□No
	h with th	ai Directo	10e. Street and Number 2365 Walbrook	Court		10f. Zlp Cod	da 20602		10g. Citizen of N	What Coun	try?
020	is 1 and 2 should be filed within 72 hours after death with the Meryland if Health end Mental Hygiene. The health end Mental Hygiene "natural", or hems 23e or 28e4 show other treumstic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 □ Navar Merried	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:	r in U,S.	13. Was Dacedent If Yes, specify (	of Hispenic Origin? (Sp Cuben, Mexican, Puerto No Specify:	pecify Yes or No- o Rican, etc.)		ce - America ck, White, e	etc.
2-0	72 ho	ted	15. Decedent's i	Education	16e. D	ecedent's Usual Oc	ccupation	tina	16b. Kind of B	usinaes/Ind	Justry
21215-0020	ould be filed within 7 I Mental Hygiene. arked other than *r artic event, the Med	Completed	(Specify only highest g Elementary/Secondery (0-12) 12	College (1-4or 5+)		omemaker	one during most of work stired)	king	Dome	estio	c
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an	2 should end Men ie marke reumatic	-	19e. Informent's Neme/Reletionship	(Type, Print)	19b. N	deiling Address (St.	reet end Number or Ru				Coda)
	1 and 2 Health em 27 is		Elwood R. Wat	son - Spous	e 23	65 Walbro	ok Court W	aldorf,	Marylan	nd 20	0602
Baltimore,	0 0 - 7		20e. Method of Disposition 1 XBurial 2 ☐ Cremation 3	Ramovel from Stata	cematary,	Disposition (Name of crematory or other	place)	Date	20c. Location -		
tim	tant:		4 Donetlon 5 Other (Spec		Vetera		ery December	13, 1996	Chelten	nam, Ma	iryland
Bal	permit. Pag Department Important: I any Injury o		21. Signature of Funerel Service Lice	(DE)		22. Name and Ad	ddress of Fecility uneral Home	a Δαιιαςα	o Mary	land	20608
			23a. Part1. Enter the disaesa, or con shock, or heart fellure. List only	nplications thet caused tha	deeth. Do no					Tailu	Approximate Intervel Between
я	Physician		arious, or ribort joilule. Electrical	ona cousa on aach into.						1	Onset and Deeth
ч	/Medical		Immediate Cause (Finel disease or condition	. Lung Cai	ncer						MONTY
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oʻ	cete be executed physician end s the buriel-transit	Examiner	Sequantielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Olseese or injury that initieted events	Due	to (or es a co	nsequence of):					
68760,	lew requires that the death certificate be executed as been signed by the attending physician end as should be deteched for use as the bunel-transit	Medical	Cause (Disease or injury that initiated events resulting in death) Lest	c. Due	to (or es a cor	nsequence of):					
Box	leath certifice attending phase at the seast			d							
P.O.	that the death ed by the atte deteched for	Physician	Pert II. Other significant conditions	contributing to death but no	ot resulting in t	he underlying cause	given in Pert i.		obacco use co		the cause of death?
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Records,	s been s 2 should	Completed							en eutopsy med?	ava	ore autopsy findings alleble prior to mpletion of causa death?
Ä	0 - 5	Eo						101	as 2 No	10	Yes 2□ No
of Vital	dcian: The	Bec	25. Was case referred to medical				26. Place of Dee	th (Check only o			
7	0 0	T <sub>O</sub>	examiner?	Hospitel: 1  Inpatient	2 ER/Outp	atient 3 DOA	Other: 4 Nursing He	ome -5 Resid	lance 6 Oth	ar (Specify	1)
	nding Ph Ith. : After thi e funeral		27. Magner of Deeth  1 Neturel 5 ☐ Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Yea	ar) 28b. Tin		njury et Work? 1 □ Yas 2 □ No	28d. Describe h	ow Injury occur	red	
Division	i or Attending P after death. I Director: After t d in by the funera	Certification:	3 Suicida 6 Could not determined		At home, ferri	straat, factory, off	ica	28f. Location (5 City or Tox		per or Rura	l Routa Number,
	To the Hospital of within 24 hours af To the Funeral Discompletely illed in	edical C	29a. Certifier Check only one) Check only	hysician: To the best of my miner: On the basis of exe and manner steted.	/ knowledge, c minetion end/c	leeth occurred at the or investigetion, in n	e time, dete and plece, ny opinion, deeth occur	, and due to the orred at tha time,	cause(s) and me date and piece,	enner as st	ated. tha cause(s)
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			30. Name end eddress of person who	completed cause of death	(Item 23a) (T					- /	
			Krishan Mathu				- La Dla	ata M	D 206	16	
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registrar's	Signeture		па вта	ica, M	200	740	
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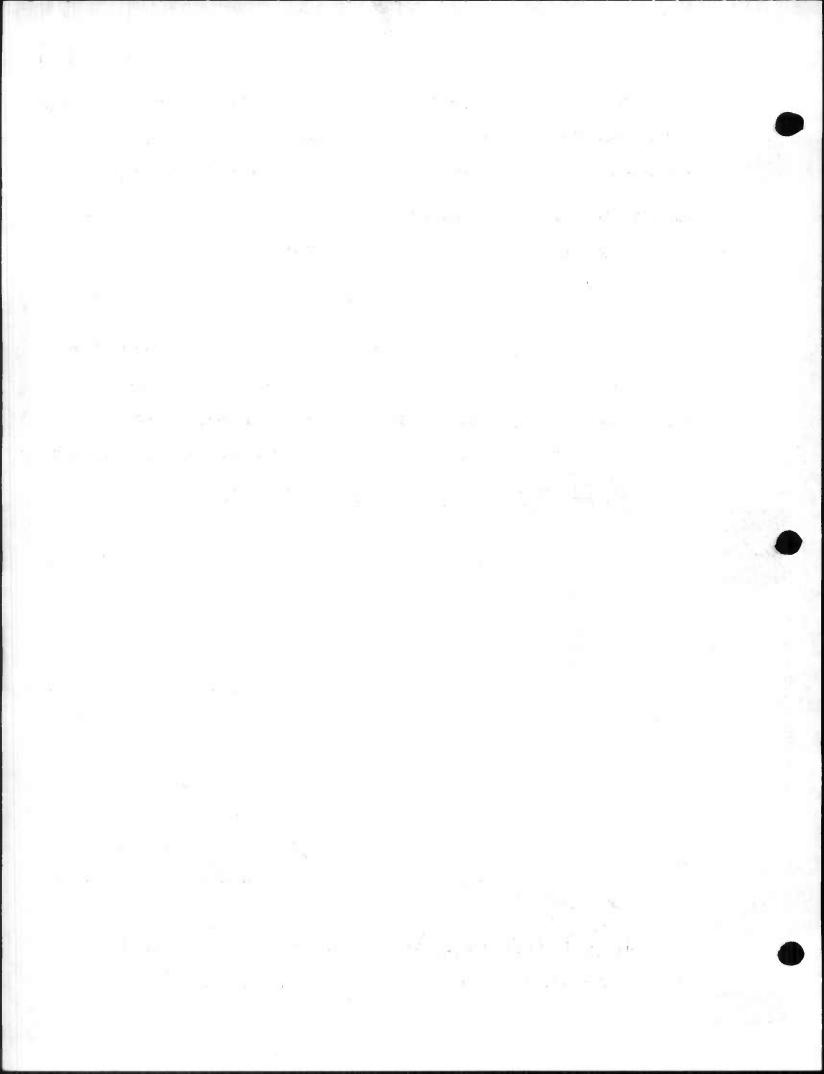
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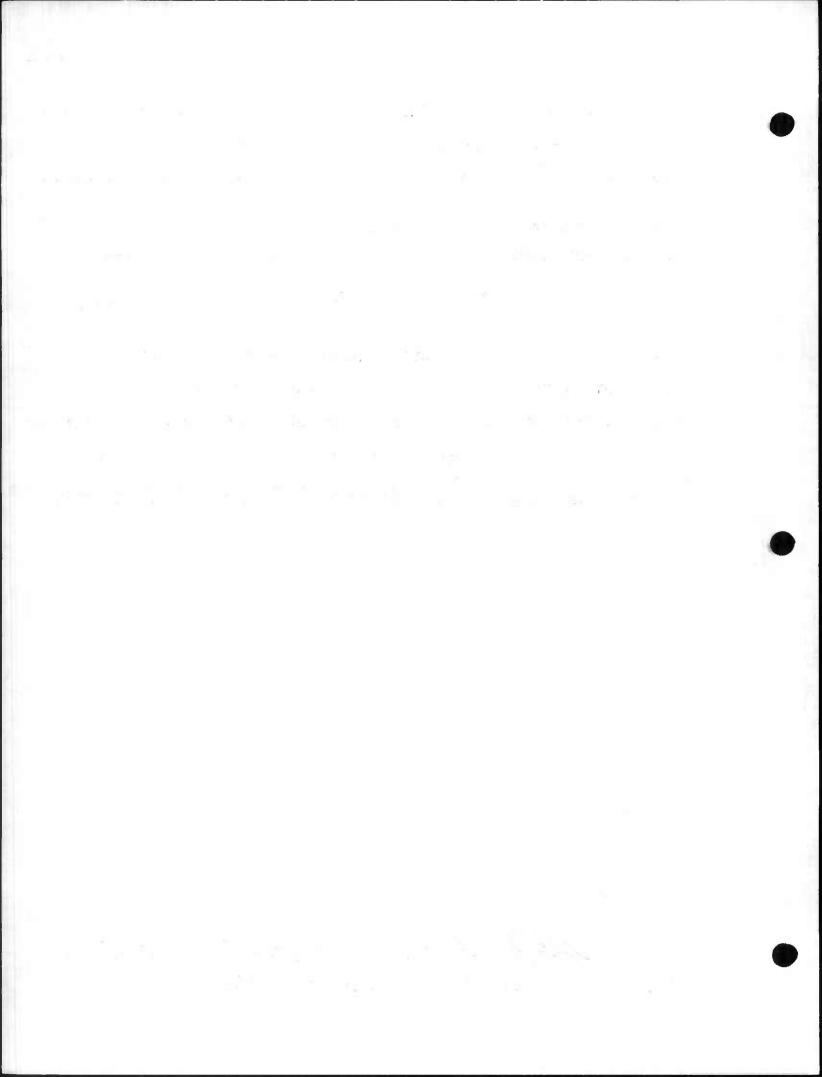
Physic	cian	Decedent's Name (First, Middle, Le     YVONNE ANNI		HINGTO	NT.			2. Date of D	eath 12 <sup>Dey</sup> 199	Yaar	3. Tima of Death
/Med Exam	lical	4a. Facility Name (If not institution, given 6432 PANGOLIN CT	va street end number		IN		4b. City, Town, o	r Location of Dea		y of Death	4:00pm
Funera Director	_	524-94-2475	Sex 7. A 1 □ M 2 🗓 F	ge (In yrs. last 33	birthdey) Yrs.	If Under 1 Yaar Months Deys	If Under 24 H	s. 8. Date of B			ace (State or Fore try) Cado
Maryland a-f show	tor	Usual Residence of Decedent  10a. State 10b. County  Maryland Charles	3	10c. City, To		ation				10	Od. Insida City Lim
ter death with the Marylan flems 23e or 28e-f show	Funeral Director	10e. Street and Number 6432 Pangolin Co	ourt			10f. Zip Code	20603		10g. Citizen of	What Coun	try?
n 72 hours efter death with the Maryland *nature!, or frems 23s or 28a-f show adical Evarrine must be notified at	þ	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas  1  Yes 2  If Yes, Giva Year or Dates:	Ever in U.S. ? No		as Decedent of I Yas, specify Cub □ Yas 2ⅪNo		Specify Yes or N irto Rican, etc.)		ce - America ck, Whita, e y: Blac	etc.
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should be filed nd Mental Hygid marked other umatic event, the	To Be C	17. Fathar's Name (First, Middle, Last, Russell Brown Sr					Eliza	ame (First, Middle beth V.	Pierce F	Brown	
pemit. Pages 1 and 2 should Department of Health and Mer Important: If Item 27 is marke any Injury or other traumatic Once.		19e. Informant's Name/Reletionship ( Alvin J. Washingt 20a. Method of Disposition 1 Burlet, 2 Cramation 3 X 4 Donntilon 5 Other (Specification of Communication	Con (Husb	and) 20b. Place	6432 of Disposition of Creme lus Ch	Pangoli ition (Nama of etory or other ple hapel Nama and Addre	n Court	Waldorf Data 2-16-96	, MD 206	03 City or Tov	
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/Medical Examiner	ıminer	Immediate Cause (Final disease or condition resulting in death)	plications that cause one ceuse on each li	Due to (or as	a conseque	ence of):	Pls. L	a. White	P1s., N	4D 206	Approximata Interval Batween
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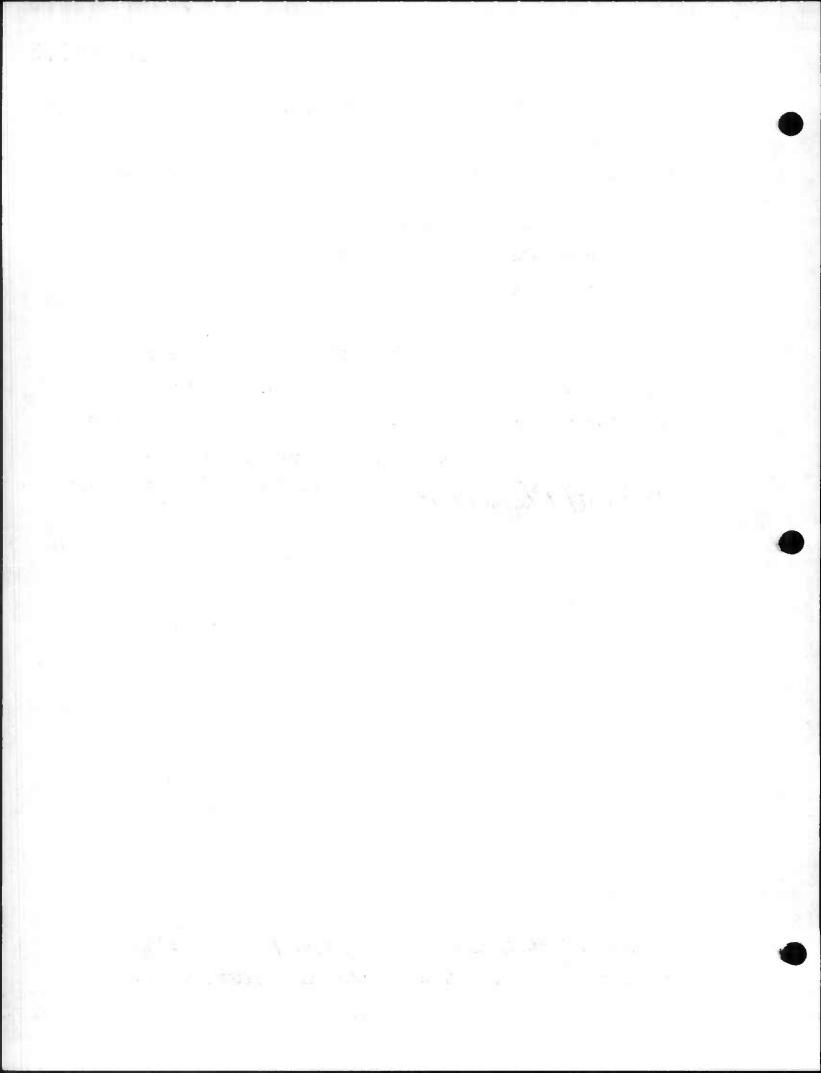
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State of Maryland / Department of Health and Mental Hygiene 96

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Ma	2 8 8		19e. Informant's Name/Reletionship				t end Number or Ru				
ď.	other tr		E. MARIE WHE				RE AVENU				
altimore,	permit. Pages Department of I Important: If its any injury or of		20e. Method of Disposition	□Removal from Stete	cemetery, cre	osition (Neme of metory or other pla MEMORI	AL PARK		EASTO		
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5	tha dea yy the at ached fo	Physician	Part II. Other significant conditions	contributing to death but not res	ulting in the u	nderlying cause gi	iven in Pert I.	23b. Did to	bacco uas co	ntribute to	the cause of death?
7	that the need by a datac	by Ph	portal ne	in Mombos	(S			1 □ Y <sub>1</sub>	ss 2□No	3 Probe	ably 4 Unknown
Hecords,	The law requires that the death ata has been signed by the atte page 2 should be datached for	Completed b						24e. Wes en		com	re eutopsy findings ilable prior to apletion of cause eath?
_	The I	NO.						1□ Ye	s 2 No	10	Yes 2□ No
VIII		Be (	25. Was case referred to medical				28. Piece of Dea	th (Check only on	9)		
0 10	S S D	To	examiner? 1 ☐ Yes 2 ☑ No	Hospitai:	ER/Outpatier	nt 3 DOA Ot	her: 4 Nursing Ho	ome 5 Reside	nce 6 Oth	er (Specify)	
5	After fune		27. Menner of Deeth  1. Naturel 5 □ Pending 2 □ Accident investigation	28e. Date of Injury (Month, Dey Year)	28b. Time o Injury	Wo	ry at irk? ] Yes 2 □ No	28d. Describe ho	w injury occur	red	1568
DIVISION	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	Certification:	3 Suicide 6 Could not determined		ome, farm, str	reet, factory, office		28f. Location (Sti City or Town		er or Rural	Route Number,
	To the Hospital or At within 24 hours after of To the Funerel Direct completely filled in by	edicai (	29e. Certifier (Check only one) Certifying P	hysician: To the best of my kno miner: On the basis of examine end menner steted.	wledge, deeth tion end/or In	n occurred et the ti vestigation, in my o	me, date end plece, opinion, deeth occur	end due to the ce red et the time, de	use(s) and me te end plece,	and due to t	ted. the cause(s)
	ithin o th ompl	Me	29b. Signeture end title of certifier	and monitor orong.		29c. Licens	se number	25	d. Date signe	d (Month. D	ev Year)
	- 5 - 0		March	12+						196	
•		-	30 Name and address of	Jane M	00-1 (7		31867		12/9/	176	
			30. Name and address of person who MICHAEL FISHE				LANE. E	ASTON.	MD 21	601	
P	Sta		31. Dete filed (Month, Dey, Year)	32. Registrar's Signe	ture			1010117		301	
	Registr	ar	DEC 1 (	1996 Dalia Ja	udson-0	andelle					



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39 174

					Certificate of			g. No.	
Physici /Medic		1. Decedent'a Name (First, Middle, Lateral Bally)	Boy	Willi	S		2. Date of Death Month NOVEMBER	Dey	3. Time of Death
Examir		4a. Facility Name (If not institution, giv				4b. City, Town, or I		4c. County	
		THE JOHNS HOPKI				BALTIMORE	CITY	Balt	inore
Funeral Director			ex 7. Ag	ge (In yrs. iest birt	hdey) if Under 1 Yea Months Day		8. Date of Birth Month, Dev. Nov + 26	Year) 1996	Birthplace (State or Fore Country)
ahow	JC .	Uauel Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location				10d. Inside City Lim
with the Maryland a or 28s-f show Les notified at	Director	10a. Street and Number			10f. Zlp Code	_	10	g. Citizen of W	
d 21215-0020 filed within 72 hours after death w Hygient 72 hours after death w Hygient 72 hours 23a out, tre Medical Examines must	by Funeral	11. Maritaf Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 Key If Yes, Give Year or Dates:		13. Was Decedent of if Yes, specify Cu		pecify Yas or No- o Rican, etc.)	Blac	e-American indian, k, White, etc.
21215-0020 d within 72 hours at piene. r then "netural", or if a Medical Event	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondary (0-12)	lucetion de completed) College (1-4or		Decedent's Usual Occ (Give kind of work don life. DO NOT use reti	supation se during most of wor red)	king	6b. Kind of Bu	siness/industry
C 2 € 6 ≥	To Be Co	17. Father's Name (First, Middle, Last)  David Scott W. 1				18. Mother's Nan	ne (First, Middle, M	elden Sumami	
		19a. Informani's Name/Relationship ( Am. Susua D. 11.5	• •		Melling Address (Street 8 Old Field				
Baltimore, semit. Peges 1 en Department of Heel mportant: if item 2 eny Injury or other ance.		20a. Method of Disposition  1 Burial 2 Cremation 3   4 Donetion 5 Other (Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co		20b. Plece of	Disposition (Neme of	daca)	Date 2	Oc. Location -	city or Town, State
Baltimore permit. Peges Department of H Important: If its any injury or of		21. Signature of Funeral Service Licen	see A	A. 7. 44	22. Name and Add		Gee Fu	averal	
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/Medical Examiner		fmmediete Cause (Final disease or condition resulting in deeth)	a. as	Due to (or as e c	onsequence of):				0
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0 > 00	Completed by Physician/N						perform	ed?	24b. Were autopsy finding available prior to completion of cause of death?
ai Re							1 Yes	5 2□No	1 ☐ Yes 2 No
of Vital Re- Physicism: The law this certificate hes and director, page 2	Be	25. Was case referred to medicei exeminer?	Hospitei: 📈		_	When	th (Check only one		The Links
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Division  To the Hospital or Attending I within 24 hours effer deadwithin 24 hours offer deadwar. To the Funeral Director: After completely filled in by the funeral process.	Medical Certification:	4 Homicide determined	bullding, ef	c. (Specify)	death occurred at the		City or Town,	State)	
Hour 124 h	dic		iner: On the basis of and manner st	f examination end	or investigation, in my	opinion, death occu	rred et the time, da	te end plece, e	and due to the cause(s)
To the within To the comp	Me	29b Signeture and title of certifier	-> M	D, Phi		23267		1	(Month, Dey, Year)
3		30. Name and address of person who	completed ceuse of d	leath (Item 23a) (	Type, Print)	600 A	J. wolfe	St., He	96 suck 204 21267-126
Sta	te	31. Date filed (Month, Day, Year)	32. Regist	ar's Signeture	00	13 to 14 to 1		100	

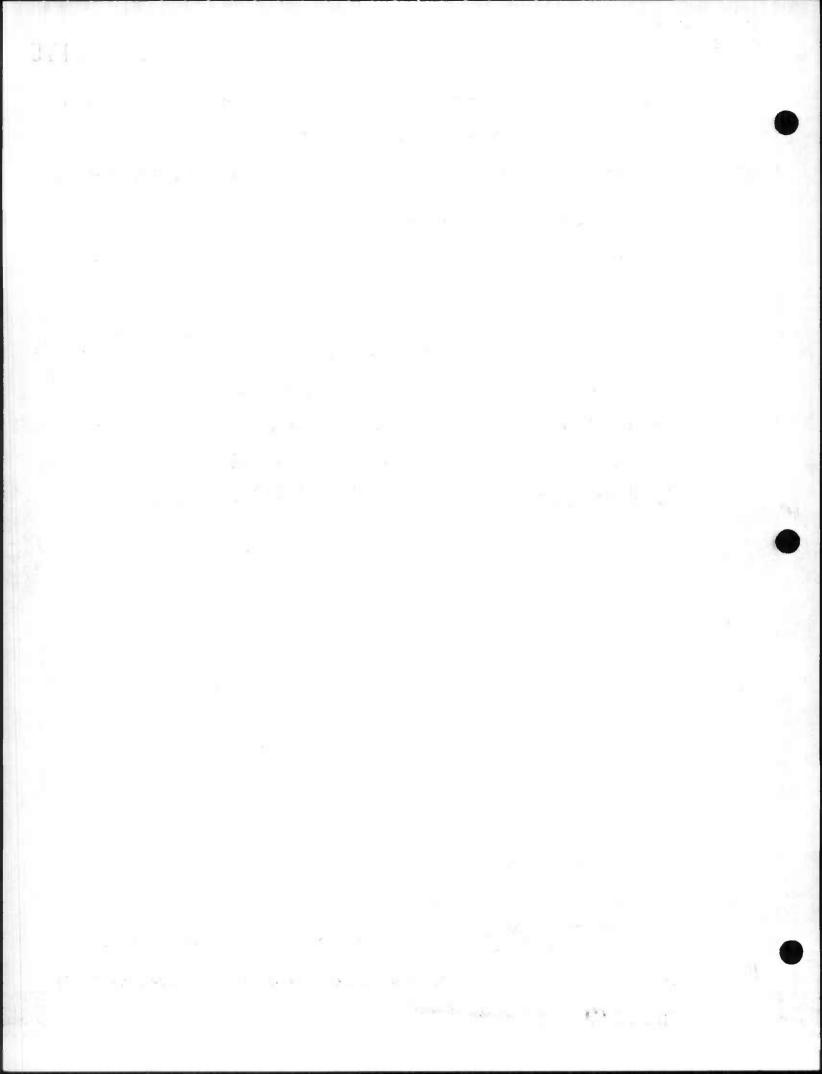
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State of Maryland / Department of Health and Mental Hygiene 96 39175

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Physicia	an	1. Decedent's Nema (First, Middle,						2. Date of Dee		Vear	3. Time of Death
/Medic		JOHN ALAN	WES	TERIN	EN			DEC.	12°, 1	998	0610 AM
Examin	ner	4e. Fecility Name (If not Institution, PULASKI HIGH			140	E	ELKTON		CEC		
uneral irector		5. Social Security Number  213-58-4701  Usuel Residence of Decadent	6. Sex 7. Ag 1☑ M 2☐ F	e (in yrs. last t 45	Yrs. If Unda Months	r 1 Year If Ur Deys Hou	urs Min. Sep	8. Data of Birth (Month, De) tember	v, Year) 23, 195		leca (Stete or Foreign try) 1 ryland
MO TH		10a. State 10b. County		10c. City, To	wn or Location					1	0d. Inside City Limits
E Partie	ctor	Maryland Ced	eil .	Nor	th East					11	1 ☐ Yas 2X No
or 28	Director	10e. Street and Number			10f. Zip	Code			10g. Citizan of	Whet Coun	try?
238	ral	799 Bethel Churc				21901			United		
marked other than "natural", or items 23a or 28a-f show imatic event, the Madical Examiner must be notified at	by Funeral	11. Maritel Status  1 □ Navar Married 2 ☑ Marrie  3 □ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? d 1  Yas 2  N If Yes, Give Year or Dates:			dent of Hispenic cify Cuban, Me 2 No Spe		ecity Yes or No- Rican, atc.)	14. Rad Bla Specif	ca - Americ ck, White, Whi	etc.
netur	Completed	15. Decedent's (Specify only highast	Education	16	e. Decedent's Usu	al Occupetion	most of ward	ina	16b. Kind of B	usiness/Inc	Justry
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T, E	Co	12 17. Fethar's Name (First, Middla, Lt	not!	0	wner/ope		4 4				ies sales
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7 is marke traumatic	To	Elwood Westerine 19e. Informant's Neme/Reletionship		19	b. Melling Address		tty Ru		r City or Town	Stete 7in	Code)
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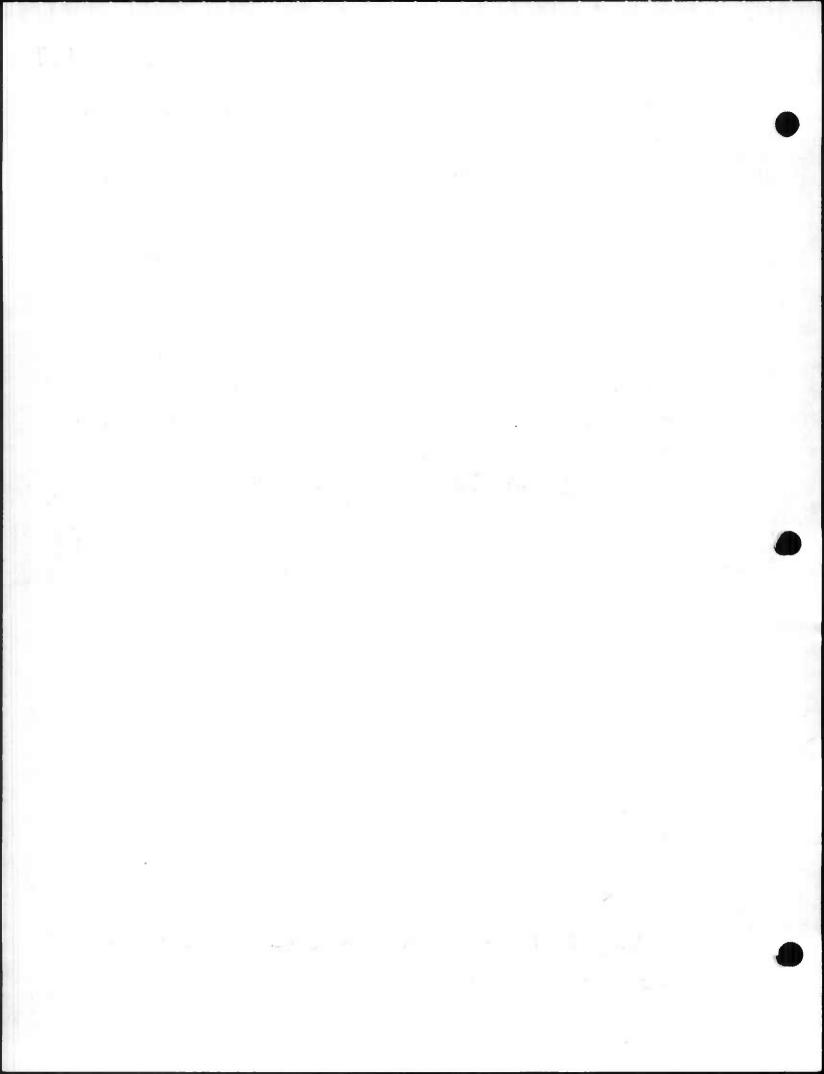


State of Maryland / Department of Health and Mental Hygiene Q6 30176

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	ompl	Me	29b. Signature and title of certif	1			29c. L	icense	number		29d. Dete signe	d (Month,	Dey, Year)
	- > - O		1	ALLS			1	11	529	9	12/1	210	6
	/		30. Name and address of person	n who completed a	use of death /1s	am 23a) (Time	Print'	-7	Jai	1	امل ۱۰	2/7	P
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State of Maryland / Department of Health and Mental Hygiene 96 39177

			Ce	ertificate of	Death		Reg. No.					
1-1	1. Decedant's Name (First, Middla, Last)					2. Data of D	leath	West	3. Tima of Deat			
ician dical	DAVID HAROLD WILLI	AMS			Month DECEMB	ER 10,	Yaar 1996	11:30 F				
niner	4e. Facility Name (If not institution, give str	aat and number)			4b. City, Town,	or Location of Dea		ty of Deeth				
	RESIDENCE. #12420	FORT WA	SHINGTON	PRINCE GEORGE								
ı	5. Sociel Sacurity Number 6. Sax	7. Aga (In yrs.	last birthday	if Undar 1 Yee Months Days		Hrs. 8. Data of B	irth	9. Birthple	aca (Stata or For			
	100-32-1634	<sup>4</sup> 2□ F 54	Yrs.	months Day	110013	DEC.	8, 1942	WASHI	NGTON, D			
	Usual Rasidanca of Dacadant  10e. Steta 10b. County	100 Ci	ty, Town or L	ocetion								
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Director		MARYLAND PRINCE GEORGE FORT WASHINGTON							1 Yas 2			
	10e. Street and Number 10f. Zip Code						10g. Citizan of		•			
Funeral	#12420 GABLE LANE 20744  11. Mar/tel Stetus 12. Was Dacedent Ever In U.S. 13. Wes Dacedent of His					Hispenic Origin? (Spacify Yas or No-			NITED STATES  14. Race - American Indian,			
5	11. Maritel Stetus 12.	,5.	If Yes, specify Cu	ban, Mexican, Pu	uarto Rican, etc.)	Ble						
by			1□ Yas 2⊠ No	Specify:		Speci	oecify: BLACK					
8	15. Dacedant's Educal	Year or Detes:	16a Dece	edant's Usual Occu	ination		16b. Kind of f					
Completed	(Spacify only highest grada c	omplated)	(Give	kind of work done DO NOT usa ratir	a during most of	working	TOD. KING OF		20try			
E	Elamantary/Sacondary (0-12)	Collega (1-4or 5+) YEARS	PR	INTER	,		GOVE	GOVERNMENT				
BeC	17. Father's Nama (First, Middla, Last)			18. Mothar's I	Nama (First, Middl	a, Maidan Suma	, Maidan Surnama)					
ToB	ARTHUR WILLIAMS				MARY R	UTH SAVO	Y WILLIA	AMS				
-	19a. Informant's Name/Ralationship (Type	Print)	19b. Mail	ing Addrass (Strae	at and Number or	Rural Routa Num	ber, City or Town	n, Stata, Zip (	Code)			
	DIANNE C. WILLIAMS/	WIFE	#1242	20 GABLE	LANE, F	ORT WASH	INGTON,	MARYL	AND 207			
	20a. Mathod of Disposition		Piace of Disp	osition (Nama of matory or other pla		Data	20c. Location					
	12 Buriel 2 ☐ Cremetion 3 ☐ Ram 4 ☐ Donation 5 ☐ Othar (Spacify)	noval from Stata	-	LES CEMET		12/13/9						
	22. Name and Address of Facility THORNTON FUNERAL HOME, P.A.  LYDIA C. THORNTON JOHNSON M00583 #3439 LIVINGSTON ROAD, INDIAN HEAD, MD. 20640											
	23a. Part1. Entar tha disaesa, or complicat shock, or haart failura. List only ona	tions that ceusad tha deat	h. Do not an	tar tha moda of dy	ring, such as cere	diec or respiretory	errast,		Approximata Intarval Batwe			
ner	Immediata Ceusa (Final diseasa or condition rasulting in daath)  METASTATIC LUNG CANCER  2 YRS  Dua to (or as a consequence of):											
Examiner	Sequentially list conditions, if any, laading to immediate ceusa. Entar Undarlying Causa (Disaasa or injury	Sequentially list conditions, if any, laading to Immediate ceuse. First Under Ving.										
Medical	Causa (Disaasa or Injury c. ———————————————————————————————————											
	<b>d</b>											
Physicia	Part II. Other significant conditions contrib	23b. Dic	23b. Did tobacco use contribute to the cause of d									
		1)	1 Yes 2 No 3 Probably 4 Unk									
d by									24e. Was an autopsy 24b. Wara autopsy findir			
Completed								erformad? 24b. Wara autopsy fire available prior to completion of ca				
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tion	- Jacobs	28a. Data of Injury (Month, Day Year)	28b. Tima o Injury	Wo	ork? ]Yas 2 □ No	∠ed. Dascribe	28d. Dascribe how Injury occurred					
Certification:	3 Suicide 6 Could not ba	2 Accident invastigation 3 Suicide 6 Could not be				204 Longtics	Out I posting (Street and M					
Put	4 Homicida datarmined	28a. Place of Injury - At he building, atc. (Specify	/)	adt, ractory, οπιέθ		28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)						
edicai C	29a. Cartifiar  (Check only onle)  Additional control of the basis of my knowledga, daath occurred at the time, date and place, and due to the ceuse(s) and manner as stated.  (Check only onle)  Additional course of the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.											
Me	29b. Signetura and title of certifiar 29c. Licansa numbar						29d. Data signed (Month, Day, Year)					
	I blue block MD PHD DYLIDY						12/12/96					
	30. Name and addrass of person who complated ceusa of daath (Itam 23a) (Type, Print)											
	ROBERT ORLOWSKI, M.D. BALTIMORE, MARYLAND											
ate	31. Data filed (Month, Day, Yaar)	32. Registrar's Signer										
rar	DEC 1 6 199	16 Hubi da	N-Keston	ardall								
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Ammended item # 26 per CCHD State of Maryland / Department of Health and Mental Hygiene per physician 12/16/96 Carroll Co. p.l.c. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** DECEMBER 14. 1996 RONALD LEE WILSON 3:30 PM /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4325 STUMPTOWN ROAD CARROLL TANEYTOWN | If Under 1 Yeer | If Under 24 Hrs. | 8, Dete of Birth (Month, Day, Year) | 9. Birthple (Month, Day, Year) | OHIO 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 M 2□ F 50 Yrs Director 268-42-9671 Usual Residence of Decedent the Maryland 10a. Stete 10c. City, Town or Location 10b. County 10d, Inside City Limits 28a-f show maumatic event, the Medical Examiner must be notified at 1 ☐ Yes 🎾 No Directo MARYLAND CARROLL TANEYTOWN 10e. Street end Number 10f. Zip Code permit. Pages 1 and 2 should be filed within 72 hours after death with til Department of Health and Mental Hygiene. Important: if fem 27 is marked other than "netural", or items 28a or 2, any Injury or other traumatic event, the Medical Examines must enter the page. 10g. Citizen of What Country? 4325 STUMPTOWN ROAD 21787 USA Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Rece - American Indian, Bieck, White, etc. 1 ∑Yes 2□No 1964— If Yes, Give Yeer or Detes: 1966 1 ☐ Never Merried 2☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No À 3 ☐ Widowed 4 ☐ Divorced Specify: CAUCASIAN Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12th CARPENTER HOME CONSTRUCTION 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be LEE (NMI) WILSON MINA SYLVIA RIFFLE 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21787 4325 STUMPTOWN ROAD TANEYTOWN, MARYLAND JUDY J. WILSON WIFE 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removel from State 4 □ Donetlon 5 □ Other (Specify) 12/16/96 SMITHSBURG, MARYLAND SMITHSBURG CREMATORY 22. Neme end Address of Fecility 136 EAST BALTIMORE STREET 21. Signature of Funerti Service Licenses SKILES FUNERAL HOME TANEYTOWN. MARYLAND 21787 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betwe Onset and Deeth Physician /Medicai Immediate Cause (Finel LUNG 96 disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner tostosus physician and the buriel-trensit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Box 68760, Physician/Medicai Due to (or es e consequence of): signed by the a Pert II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 X Yea 2 No 3 Probably 4 Unknown þ 24a. Wes en autopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? 28 No 1 Yes 20 No certificate i or Attending Physician: aftar death. Director: After this certifica Be 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 No 1 Inpatient - 2 LEVOutpatient - 3 DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide within 24 hours a To the Funeral D edicai 29e. Certifles 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated.

State Registrar

pletely

the

31. Dete filed (Month, Day, Year) DEC 1 6 1996

(Check only one)

29b. Signature and title appertifier

KHALIL A. FREIJI, M.D. 295 STONER ROAD SUITE # 307 WESTMINSTER, MARYLAMD 32. Registrar's Signeture In a Mudeor Rodall

H(

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Typa, Print)

29c. License number

29d. Dete signed (Month, Day, Year)

DECEMBER 16, 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Amended # 20 b. P.G.Co. 12-19-96 CR Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** NOV.22,1996 6:15 AM JOHANNA F. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** MONTGOMERY CO. ROCKVILLE NATIONAL LUTHERAN HOME If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yeer
Months Days 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 10 M 20XF Months 109-24-1011 Yrs **Director** 90 OCT.15,1906 GERMANY Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be accommendated. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limite MERCER CO. N.J. TRENTON 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2352- PENNINGTON ROAD 08638 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11 Marital Status Bleck. White, etc. 1 ☐ Yes 2 TVNo If Yes, Give 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE þ 3 Widowed 4 ☐ Divorced Yeer or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 HOUSEWIFE AT HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be FRIEDA MULLER HAHN ERENST MULLER 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6038- RICHMOND HIGHWAY, ALEXANDRIA, VA. VIOLET C. WEICHLEIN 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition Dete 20c. Location - City or Town, Stete 1 N Burial 2 ☐ Cremetion 3 ☐ Removal from State 15/30 PENNINGTON CEMETERY PENNINGTON, N.J. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Euneral Service Licenses 22. Name end Address of Facility W. M. HYSONG CO., INC. MACH ions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ause on each line. 20005 23a. Part1. Enter the diseese of shock, or heert feilure. Approximate Interval Between Onset and Deet Physician untinoun source Septicemia /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examiner attending physician end for use as the buriel-transit The law requires that the death certificate be axecuted Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, that initiated events Due to (or es e consequence of) resulting in death) Last ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 22 No 3 Probably 4 Unknown 2 heimes s þ Chronie Hepatitis 24a. Was en autopsy 24b. Were autopsy findings available prior to completion of cause of death? Completed peen s has 201No certificate 1 ☐ Yes 2 ☐ No 1 Yes or Attending Physician: director, 25. Was case referred to medical axaminer? Be 26. Place of Death (Check only one) Hospital: Other: 5 Rasidence 6 Other (Specify) 10 1 ☐ Yes 2 ☐ Mo 1 Inpatient 2 ER/Outpatient 3 DOA this funerai 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending investigation Natural 1 Yes 2 No after death. Director: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide • Funeral Dire letely filled in b Hospital TECETIFYING Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. edical (Check only within 2 29b. Signature 29d. Date signed (Month, Day, Year) 0 and address of p completed cause of death (Item 23a) (Type, Print) middlebrook Mo 31. Date filed (Month, Day, State Registrar DEC 02

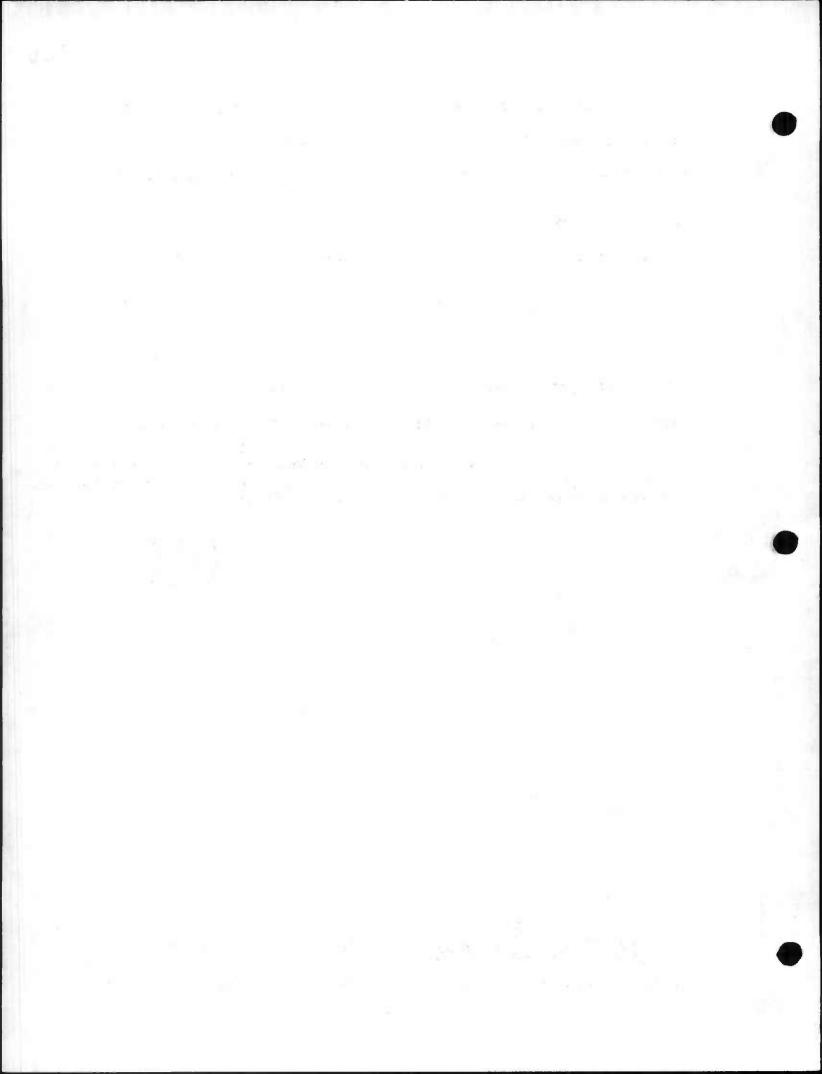
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							Certi	ficate of	Death	1		Reg. No.		03100		
	Division		Decedent's Name (First, Middle, Lest)								2. Dete of Death			3. Time of Deeth		
ı	Physic /Med		John Emory Willson									ber 4,	1996	3:45 AM		
Exami			4a. Facility Name (If not institution, give street end number)				4b. City,			own, or Location of Dea			nty of Death			
	Ш,	Manor Care-Fe							nesda	Montgomery						
	Funeral Director		5. Social Security Number 577-09-8164 Usual Residence of Decedent	6. Sex 7. A 1⊠M 2□ F				lest birthday) Yrs.  If Under 1 Year Months Days		s Hours Min.		irth 19 <i>y, Year)</i> 15,191]				
	hend we may		10a. State 10b. County		10c. Cit	y, Town	or Locat	ion						10d. Inside City Limits		
	the Mery 28a-f sh	Director	Maryland Montgomery Bethesda  106. Street end Number 106. 7ip Code									1 ☐ Yes 2 1 No				
	23a or		6110 Wilmett Road				10f. Zip Code 20817					10g. Citizen of Whet Country? United States				
0020 ours efter de	2 should be filed within 72 hours efter death with the Merylend end Mental Hygiene. Is marked other than "natural", or Nema 23a or 28a-f show aurmatic event, if a Medical Examination in the investigation.	by Funeral	11. Maritel Stetus  1 □ Never Married 2 ☒ Men 3 □ Widowed 4 □ Divorced	If Vos Give	? No	II		13. Was Decedent of Hispanic Origin? (If Yes, specify Cuben, Mexicen, Pue 1 ☐ Yes 2 ☑ No Specify:		n, Puerto F	cify Yes or N Ricen, etc.)	В	14. Race - American India Black, White, etc. Specify: White			
5-0	72 hc	eted		it's Education st grade completed)			Deceden	dent's Usuel Occupation		ation		16b. Kind of Busine		dustry		
Maryland 21215-0020	d within giene. rr than "	Be Completed	Elementary/Secondary (0-12) College (1-2)		r 5+)		(Give kind of work done during most of willie. DO NOT use retired)  Banker			St Of WORK!	y .	Ban	nking			
b	othe vent,		17. Father's Neme (First, Middle, Last)			18. Mother's Na				er's Na <i>m</i> e	me (First, Middle, Meiden Sumame)					
<u>Na</u>	uld b Wents rrked rice	To	Barrett Pretty	man Willson					Ann	ie Ow	<i>r</i> en					
ore, M ss 1 and 2 of Health of Nom 27 is	2 sho end I is me		19e. Informant's Neme/Relations	hlp (Type, Print)		19b.	Meiling A	Address (Stree	t end Numb	er or Rure	rel Route Number, City or Town, State, Zip Code)					
	Tr.		Margaret B. Wil	lson/Wife		61	10 W:	ilmett	Road,	Beth	esda,	Maryla	nd 20	0817		
						Place of Disposition (Name of cemetery, cremetory or other place) Dec. 6, ontgomery Crematorium, 1				Dete 20c. Location - City or Town, State 996  Bethesda, Maryland						
Balt	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licensee  M00198  22. Name and Address of Facility Robert A. Pumphrey Funeral Home/Rockvil 300 West Montgomery Avenue Rockville, Maryland 20850-2805										llle, Inc.			
			23a. Part1. Enter the disease, or shock, or heart failure. List	complications that ceuse			Root enter the	ockvill he mode of dy	e, Ma	rylar	respiratory	350-280. arrest.	5	Approximete		
Ò	Physician /Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)		eumon	ia							-	Interval Between Onset end Death		
	سحس	Je.			Due to (or es a consequence of):											
'n	ficete be executed physician and st the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Undertying Cause (Disease or Injury	b	b. — Due to (or as a consequence of):											
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20	death e ette	sicia	Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.									23b. Did tobacco usa contribute to the cause of death?				
7. O	thet the ed by th detache	/ Physician	Chronic Obstructive Lung Disease								1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown					
Hecords,	iaw requires thet the death	Completed by	Diabetes							24a. Was an autopsy performed?  24b. Were autopsy findings aveilable prior to completion of ceuse of death?			eilable prior to impletion of ceuse			
	The law cate hes l	Co									10	Yes 2 No	10	☐ Yes 2⊠ No		
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5	this aldi	. To	1 ☐ Yes 2 ☒ No 27. Manner of Death		ent 2 l			DOA				dence 6 🗆 O		v)		
DIVISION	ending F seth. or: After the funer	Certification:	1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investig	ry Year)	28b. Time of Injury M 28c. Injury at Work?  M 28c. Injury at Work?  1 Yes 2 No						urred					
al or Aff	af or Att s efter d al Direct ed in by		3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28	28f. Location (Street end Number or Rural Route Number, City or Town, State)						
	To the Hospital or Attending I within 24 hours effer deeth.  To the Funeral Director: Affer completely filled in by the funer	edical												ated. the ceuse(s)		
	To the Comp	Σ	29b. Signature end little of certifier 29c. License number								29d. Date signed (Month, Dey, Yeer)					
	VI		30. Name and address of person of	Y DOC	del	m	>	D035	81			Decembe	r 4,	1996		
	27 1		Elliot R. Golds						n Road	d. Re	thesda	, Maryl	and 2	0814		
	Sta Registra	te	31. Date filed (Month, Dey, Yeer) DEC 0 9 19	320 Registr		ure.				, 20		, , .		5517		

DHMH 16 Rev 6/95



			State of Ma	aryland		rtment of tificate o	Health and N f Death		giene y Reg. No.	6	3918	
1 C 2		1. Decedent's Neme (First, Middle,	Last)					2. Dete of Dec			3. Time of Dear	
Physici		PATIENCE ELIZABI	ETH WEITZ					12 (	)4 Dey 199	96 ear	1450pm	
/Medio Examir		4e. Fecility Neme (If not institution, NATIONAL NAVAL M		ER			4b. City, Town, or L BETHESDA	ocation of Deeth	4c. County			
Funeral Director		5. Soclei Security Number 470-24-5711	Sex 7. Age	e (In yrs. Ia 72	rst birthdey) Yrs.	If Under 1 Yes Months Day		8. Dete of Birt (Month, De) Jan. 22			piace (State or For ntry) York	
9 .		Usual Residence of Decedent									TOTAL	
with the marying a or 28a-f show Lbe notified at	Director	Md. 10b. County  Md. Montgo:	mery		Town or Local kville						10d. Inside City Llr 1∑ Yes 2 □	
X 28	l'e	10e. Streat end Number				10f. Zip Code			10g. Citizen of Whet Country?		ntry?	
84		1903 McAuliffe D	rive			20851	l			ed St	ates	
or itsens uniner m	by Funeral	11. Maritel Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 112 Yes 2 16 If Yes, Give Yeer or Dates	%t.19	947	es Decedent of Yes, specify Cu		n, Mexican, Puerto Rican, etc.)		14. Rece - American Indian, Bleck, White, etc. Specify: White		
		15. Decedent's		ept.I		onto Heuel Occ	unation		16h Kind of B	Business/Industry		
P P P P P P P P P P P P P P P P P P P	Completed	(Specify only highest Elementary/Secondary (0-12)	college (1-4or 5	i+)	(Give A life. D		upation le during most of work red)	king	Own He		oustry	
Par I		17. Father's Name (First, Middle, La	st)			18. Mother's Neme (First, Middle, Meiden Sumame)						
100	To Be	Frederick Day		}			Alice B	rennock				
nit. Pages 1 and 2 should artment of Health and Mer ortant. If them 27 is marks injury or other traumatic 8.		19a. Informent's Neme/Reletionship Charles A. Weit	. ,,				et and Number or Rui fe Dr. Ro				Code)	
		20a. Method of Disposition		20h Ple		ition (Neme of	Te bi. Ro	Dete	20c. Location		own State	
		1 Burial 2 Department 3 Removal from State 4 Donation 5 Other (Specify)  Metropolitan Crematory 12/7/96 Alexandri										
Department Important: any Injury otice.		10 East Deer Park Drive Gaithersburg, Md.  23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,										
hysician		23a. Part1. Enter the disease, or or shock, or heart failure. List or	mplications that caused ly one cause on eech lir	the deeth.	Do not ente	r the mode of d	ying, such es cardlec	or respiretory er	rest,		Approximate Intervel Between Onset and Death	
/Medical xaminer		Immediate Cause (Finel disease or condition	LUNG C	ANCE R						1		
Tilli.	Jer	disease or condition resulting in deeth)		Due to (or	es a consequ	ience of):				1		
hysician and the burial-transit	i Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due to (or	es a consequ	enca of):					T. W.	
attending physic	Medical	that initiated events resulting in death) Last	c	Due to (or a	as e consequ	ence of):						
e attending phod for use as the	Physician/Med	Pert II. Other significant conditions	contributing to death by	it not requi	ting In the un	deriving cause	riven in Pert I	23h Dide	obacco usa co	entribute t	o the causs of de	
the section			outlined wing to double of	20000000000	ung in the un	donying oddoo (	gwori ii r ent i.				bably 4 Unkr	
has been sign ge 2 should be	Completed by							perlo	en autopsy med?	ev co of	ere eutopsy findin- reliable prior to impletion of cause death?	
r, pe		Of Manager of and to an effect						101		11	☐Yes 2☐No	
this certificate	o Be	25. Was case referred to medical examiner?	Hospital:			_ 0	28. Plece of Deal					
a the		1 ☐ Yes 2 ☑ No  27. Manner of Death	1 ☑ Inpatie 28a. Date of Injur (Month, De)		R/Outpatient 28b. Time of	3LI DOA	4 LI Nursing Ho	28d. Describe h			(y)	
the war	Certification:	1 Naturel 5 Pending 2 Accident investigat 3 Suicide 6 Could not		☐ Yes 2 ☐ No								
	Certif	4 Homicide determine	28e. Plece of Inju- building, etc	ury - At hon :. (Specify)	ne, farm, stre	et, fectory, offic	9	28f. Location (5 City or Tow		oer or Hur	ni Route Number,	
within 24 hours after To the Funeral Dis completely filled in	edicai	29a. Certifier (Check only one) Certifying 2 Medical Ex	Physician: To the bast of sminer: On the basis of and manner sta	examinetic	ledge, death on end/or inve	occurred at the estigation, in my	time, date and pleca, opinion, death occur	end due to the d red at the time,	ceuse(s) end mo date end place,	anner as s and due to	tated. the cause(s)	
within To the comple	M	29b. Signature and title of certifler  JOHN T SCH	NDLER, LT,	MC,	USN		nse number 9201	1	29d. Date signe 05 DEC 9		Dey, Year)	
15	- 1	20 Name and address of passes ut	a completed sauce of de		00:1/T : I F							

State Registrar

31. Date filed (Month, Day, Year)
DEC 0 9 1996

NATIONAL NAVAL MEDICAL CENTER BETHESDA, 32. Registrar's Signature
Funa Davidson-Rendelle

BETHESDA, MD 20089

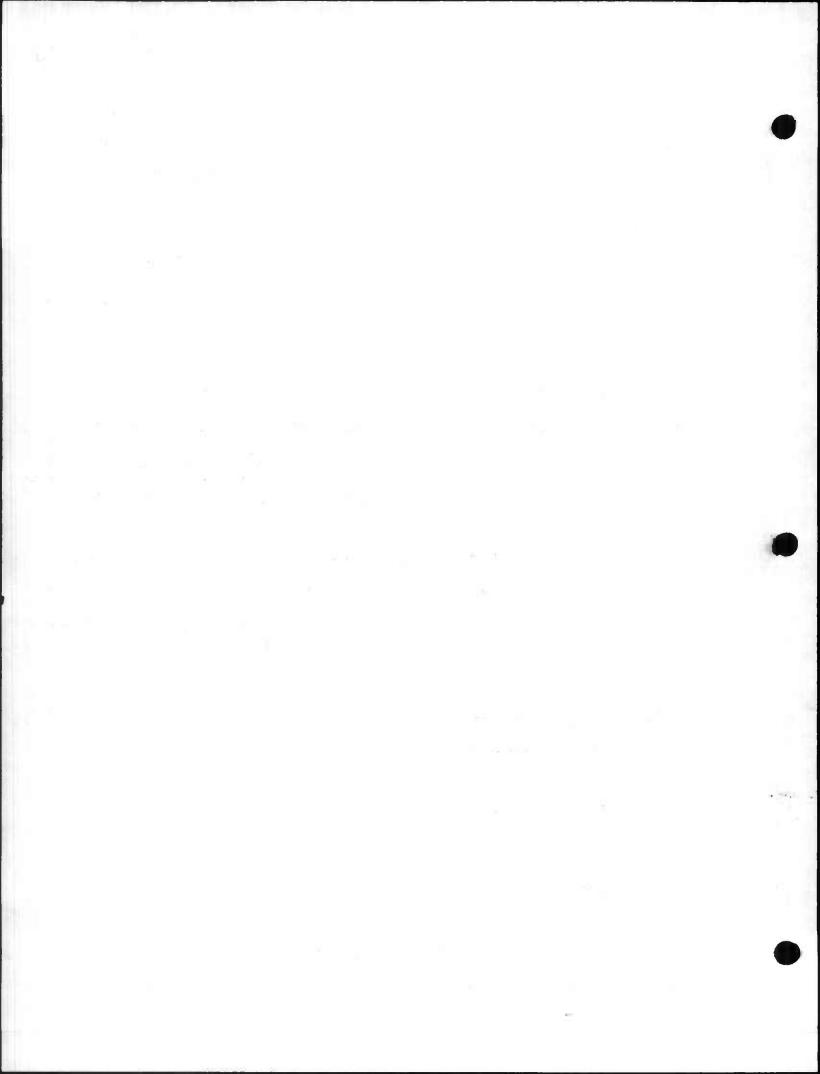
State of Maryland / Department of Health and Mental Hygiene 95 39192

				(	Certificate of	Death	R	leg. No.	20	33102
Dhuo	lalan	Decedent's Name (First, Middle, L.	ast)				2. Date of Dea Month	th	Year	3. Time of Death
	ician dical	ROSE 1	MARIE	//	DEKNER		Dec-	Dey 11. 189	C	7:15 AM
	niner	4a. Fecility Name (If not institution, gi				4b. City, Town, or	Location of Death	4c. County	7	
		WASHINGTONADV				TAKOMA			ONTG	OMERY
Funer Direct	_		Sex 7. Age (// 1□ M 2\(\overline{A}\)F	n yrs. last birth 74 Yr	Months Davs		8. Dete of Birth (Month, Day June 1	Year) 7,192	9. Birthpi Count 2 Per	ace (Stete or Foreign lry) nna.
with the Marylan a or 28a-f show be notified at	tor	MD. 10b. County PRINCE		C. City, Town of TAKOMA					10	0d. Inside City Limits 1 ☑ Yes 2 ☐ No
h with the 23a or 28 at be not	al Director	10e. Street and Number 6801 WOODLAND	AVE.		10f. Zip Code 2091	2	1	0g. Citizen of 1		ry?
-0020 hours after death w burst, or learns 23a at al Examiner must b	by Funeral	11. Marital Status  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1  Yes 2 No If Yes, Give Year or Detes:	r in U,S.	13. Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☒No	Hispanic Origin? (Specify Yes or Noban, Mexican, Puerto Rican, etc.)  Specify:				
Maryland 21215-0020 d2 should be filed within 72 hours at th and Mental Hyglene. The marked other than "natural", or traumatic event, the Medical Example and the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12) 12	ducetion ede completed) College (1-4or 5+)	16e. D (0 ADI	ecedent's Usual Occup Give kind of work done 191 NUSTUSE retire	pation during most of wor IVE ASS	king	16b. Kind of Business/Industry CATHOLIC UNI		
/land uld be file dental Hy riked other file event	To Be	17. Fether's Name (First, Middle, Lest JAMES	) MINEWEASER				ne (First, Middle, I HRYN		ne) ERNEF	}
E TO THE RE		19a. fnformant's Name/Relationship (THOMAS H. WERN		19b. N	Mailing Address (Street		rei Route Number	City or Town,	State, Zlp	Code)
Baltimore, semit. Pages 1 a Separtment of Hea mportant: if them my injury or othe		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special	Removal from State	cemetery,	isposition (Name of cremetory or other ple			20c. Location		wn, State Spring, Md.
Baltin permit. Pa Departmen Important.	BODG	21. Signature of Funeral Service Life	33h	_	22. Name end Addre TAKOMA	ess of Facility FUNERAL H	OME INC			
Physicia /Medica Examine	al er	23a. Part1. Enter the disease, or comshock, or heart fellure. List only  Immediate Cause (Finel disease or condition resulting in death)	Meta	Harris de to (or es a con	enter the mode of dyli	ng, such es cerdiad	or respiratory arm	est,		Approximate Interval Between Onset and Deeth
rificate be executed ng physician and as the burial-transit	i Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury C.								-917
Dia Dia	an/Medical	thet initiated events resulting in deeth) Last								
P.O.	by Physician/	Pert ff. Other significant conditions of	ontributing to death but no	ot resulting in th	ne underlying ceuse giv	ven in Part I		23b. Did tobacco use contributa to the cause of dei		
Records, te law requires th has been signe ge 2 should be o	Completed	Renal	Lisy	ficie	may		24a. Was a perform	ned7	com of de	re autopsy findings ilable prior to ipletion of cause eeth?
f Vital Roysician: The last certificate had director, page	Be Co	25. Was cese referred to medical examiner?	c Ju	bala	nce	26. Place of Dea	th (Check only on	q	10	Yes 2[] No
Division of Vital or Attending Physician: Thater death. Director: After this certificate in by the funeral director, pa	tion: To	1 ☐ Yes 2 No  27. Menner of Death 1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Ye	2 ER/Outpe ar) 28b. Tim Inju	e of 28c. Injur	A CJ Numing H	ome 5 ☐ Reside 28d. Describe ho			
Division of Attendis after death. I Director: A din by the foot	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	9		, street, factory, office		28f. Location (St. City or Town		er or Rurel	Route Number,
Division or To the Hospital or Attending Ph within 24 hours after death.  To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one) Certifying Ph	ysician: To the best of my finer: On the basis of exe and manner stated.	y knowledge, de mination and/o	eeth occurred et the tir r investigetion, in my o	ne, date and plece, pinlon, death occur	and due to the ca red at the time, da	tuse(s) and me ate and place,	enner as sta end due to t	ted. the cause(s)
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15		30. Name and address of person who CLARA S. CHAN, M. I			pe, Print) ENTER DR.	#205 .G	REENBELT			· N
S Regis	tate trar	31. Dete filed (Month, Dey, Yeer)	32. Registrer's S	Signature						
DHMH 16 Rev 6		DEC 1 2 1996	Julie Jaine	son-Aand	M2					

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State of Maryland / Department of Health and Mental Hygiene	96	391	8:	1
Cartificate of Death				

				C	ertificate of	Death	F	leg. No.		
		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Dee	th		3. Time of Death
Physici		MARION	C.		MES		Month	Dey	Yeer	410A
/Medic		4e. Fecility Neme (If not institution, gi	ve street and number		00 0 2	4b. City, Town, or L			of Dooth	1 /4
Examir	ier							,		
	_	Suburban Hospita		and the same threat blists at	if Under 1 Yeer	Bethesda If Under 24 Hrs.			gomer	d
Funeral			Sex 7. Ag 1 ☐ M 2 💢 F	ge (In yrs. last birthde	Months Days		8. Dete of Birth (Month, Dey	, Year)	9. Birthpi	lece (Stete or Fore try)
Director	1	579-10-5821	TE IN EAST	81 Yrs.			Sept. 6	, 1915	West	Virginia
p >		Usual Residence of Decedent  10e. State 10b. County		10. 04. 7-	L					
the Maryland r 28a-f show		Toe. State Tob. County		10c. City, Town or	Location				10	Od. Inside City Lim
M -	cto	Maryland Montgom	nery	Chevy Ch	ase					1X Yes 2□I
with the Maryland a or 28a-f show Lbe notified at	Director	10e. Street end Number	-	•	10f. Zip Code		1	0g. Citizen of \	Whet Coun	try?
th wit	0	4740 Bradley Bou	1 arrand #c	1 /	20015			Had bad	Chah	
death ms 23	era	11. Maritel Status	12. Was Decedent		20815 3. Wes Decedent of I	Hispenic Orlgin? (Sc	ecify Yes or No-	United 14. Rec	e - America	
Ta ta	Funeral	1 Never Married 2 Merried	Armed Forces?		if Yes, specify Cub	an, Mexican, Puerto	Rican, etc.)		ck, White,	
5-UUZU 72 hours after naturel;, or ite	by F	30XWidowed 4 □ Divorced	If Yes, Give Yeer or Detes:	140	1 ☐ Yes 2 ◯XNo	Specify:		Specify		Jan. 5.
72 hours naturel',									Whi	
0 2 9	Completed	15. Decedent's E (Specify only highest gr	ducetion ade completed)	16e. De	cedent's Usuel Occu ive kind of work done b. DO NOT use retire	petion during most of work	king	16b. Kind of B	usiness/ind	lustry
d within giena.	du	Elementary/Secondary (0-12)	College (1-4or	5+)	a. DO NOT use retire	ed)				
A will	S	12		Se	cretary	_		Resea	arch	
Te, Maryiand Z s 1 and 2 should be filed f Haalth end Mental Hygic tam 27 Is marked other other traumatic event, to	Be	17. Fether's Neme (First, Middle, Las	t)			18. Mother's Nem	e (First, Middle,	Meiden Suman	10)	
aryian should be nd Mental marked o imatic eve	Tol	Eugene Lyndon Ce	cil			Carrie	I. Ford			
Maryland d2 should be file th end Mental Hy 7 Is marked oth traumatic event		19e. Informent's Neme/Reletionship		19b. Ma	alling Address (Stree			r, City or Town.	Stete. Zip	Code)
Ma dd 2 ith er trau		Fugana I Casil	TTT /N 1							
thea ta		Eugene L. Cecil, 20e. Method of Disposition	TIT/ Nebue	001 DI -1 D'-	1 Cayuga A			Mary La 20c. Location -	Chuor To	20817
8 = 1 8 G		1 ☐ Buriel 2 ☐ Cremetion 3 [	Removel from State	cemetery, c	remetory of the of	fiber 11.	1996	200. Location -	Oity of To	WII, Stote
Pa Pa men ant: ury		4 ☐ Donetion 5 ☐ Other (Speci	fy)	Montgom	ery crema:	corium, li	nc.	Betheso	la, Ma	aryland
Dallimore, M pemit. Pages 1 and 2 Department of Haalth of Important: If Item 27 is any Injury or other tra gnose.		21. Signaturor Funeral Service Lice	nse		22. Name end Addre	ess of Fecility Ro	bert A.	Pumphre	v Fui	neral Hon
0 88558		A hiele	J.,		Bethesda-	Chevy Chas	se. Inc.	7557	Wisco	onsin Ave
		23a. Pert1. Enter the diseese, or con	enlications that cause		Bethesda,				7	Addressin
		shock, or heert feilure. List only	one cause on each li	ne.	siter the mode of dy	rig, such as caldiac	or respiretory err	651,		Approximete Intervel Between Onset end Deeth
Physician /Medical			2		77					Onset end Deetn
Examiner		immediete Ceuse (Finel diseese or condition	Les	protory	tail	une				2 cules
		resulting In deeth)		Due to (or es e con	sequence of):					
D #	Examiner		. 90 m	regat	un On	emme				2 cules
cate be executed physician and sthe burial-transit	am	Sequentially list conditions.	0.	Due to (or a) e cons	sequence of)		· .			
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daath daath e atten	18									
	Physician	Pert ii. Other significent conditions	contributing to death b	ut not resulting in the	underlying ceuse gi	ven in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of deat
that the ed by the detach	Ph	100	200 to	_			104	2 □ No	3 ☐ Prob	ably 4 Unknown
uires that	by	Invitates !	recco	^						
necords, he law requires t e hes been signe tge 2 should be t	8	c 0.		_			24e. Wes e	n eutopsy	24b. We	re autopsy finding
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sician: The cartificate lirector, pag	Be	25. Wes cese referred to medicel exeminer?				26. Plece of Deet	h (Check only or	(8)		
Physician: rthis cartific iral director,	2	1 Yes 2 No	Hospital:	ent 2 ER/Outpet	ient 3 DOA Ot	her: 4 Nursing Ho	ome 5 Reside	ence 6 Oth	er (Specify	)
ding Physician: h. After this cartific funaral director,	ü	27. Menner of Death	28e. Dete of Inju (Month, De	ry Year) 28b. Time		ry et	28d. Describe ho	ow injury occur	red	
death. ctor: Af y the fu	atk	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation		y rousy injury		Yes 2 No				
l or Attending after death.  Director: After din by the funa	100	3 ☐ Suicide 6 ☐ Could not b	28e. Plece of Inj	ury - At home, ferm,	street, factory, office		28f. Location (Si	reet end Numb	er or Rure	Route Number,
aftar Direct	Certification:	4 Homicide	building, et	c. (Specify)			City or Town	n, Stete)		
pita ours eral		29a. Certifier 1 Certifying Pl	welclen: To the best	of my knowledge, de	ath assumed at the ti	me date and stace	and due to the c	/-> 4		
Fun Post	edical		nysician: To the best miner: On the basis of	examination end/or	investigetion, in my	opinion, death occur	red et the time, d	ete end place,	and due to	ated. the cause(s)
To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the	Med	UNE)	end menner sta	sted.						
5 × × 0	-1	29b. Signature end title of certifier	a i		29c. Licens	180mun ec	2	9d. Dete signe	a (Month, L	Jey, Tear)
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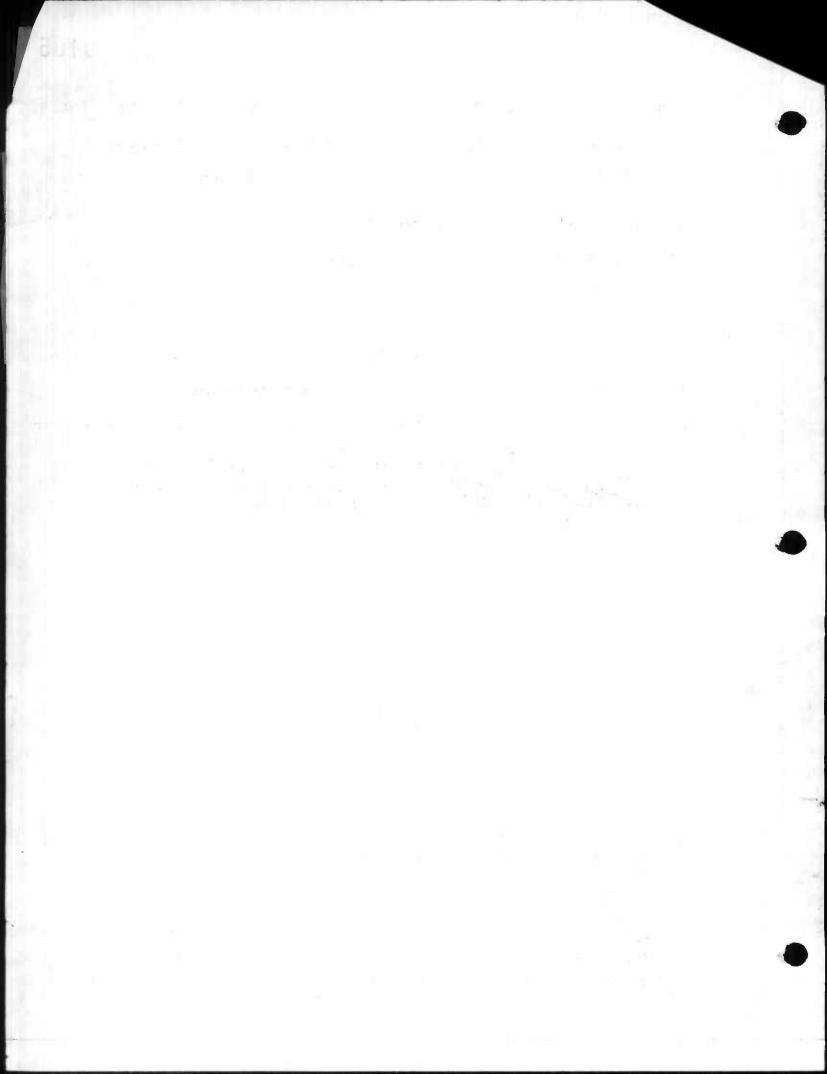
State of Maryland / Department of Health and Mental Hygiene 0 C

	_				Certificate of	JI Douill		Reg. No.		
Physici /Medi	cai	Decedent's Name (First, Middle, Last,     Barbara      Bearbara      Facility Name (If not institution, give:	C. Z	Zar	ner	4b. City, Town, o	2. Date of D Month Dec	Day	996 3	Time of Death
Examir Funeral Director	ner	Larkin - Chas 5. Social Security Number 6. Sec 578 38 4055	e Nursir	rs. last birth	Months Da	BOW1	S. 8. Dete of Bi	Princ	e Ge	Orge (State of Foreigns)
Mot W		Usual Residence of Decedent  10a. Stete 10b. County	10c.	City, Town	or Location				10d. Ir	nside City Limi
28a-f show	ctor	Maryland Prince Ge	orge's	Bowie					38	N Yes 2□N
23a or 2	rai Dire	10e. Street and Number 1221 Port Echo Lan	ie		10f. Zip Cod	20716		10g. Citizen of United		
natural', or items 23a or 28a-f show	by Fune	11. Marital Status  1 Never Married 2 Married  XX Widowed 4 Divorced	12. Wes Decadent Ever In Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	n U,S.	13. Was Decedent If Yes, specify 0 1 ☐ Yes 2 ☐	of Hispanic Origin? ( Cuban, Mexican, Pue No <i>Specify:</i>	Specify Yes or N into Rican, etc.)	0- 14. Red Bla Specif	ca - American In ck, White, etc. by: Whi	
	Completed by Funeral Director	15. Decadent's Edu (Specify only highest grade Elementery/Secondary (0-12)	cation e completed) College (1-4or 5+)	(C		ccupation one during most of w tired)	orking		usiness/Industry	
other	Be Co	17. Father's Name (First, Middle, Last)		1	Homemaker	18. Mother's Na	ame (First, Middle		Home	
marked o	To B	John Shada				Mary S	Saba			
is me		19a. Informant's Name/Relationship (Type	pe, Print)			reet and Number or F				9)
Health Frm 27 (ther t		Eugene Zamer  20a. Method of Disposition	son			Echo Lane	Bowle			Nata .
Department of Health and Mantal Hygiana important: If item 27 is marked other than any injury or other traumatic event, the Macone.		1 Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	eniovalifotti State			al Park	2/5/96	Rockvi	-City or Town, S Llle Mar	
Departr importa any inju		23a. Part1. Enter the disease, or complishook, or heart failure. List only on	ome, P.A Md. 207	716	roximate val Between					
hysician /Medical xaminer	ner	Immediate Cause (Final disease or condition resulting in death)	2 CAR	O (or as a con	nsequenca of):	RAHY	THMI	A.		
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State of Maryland / Department of Health and Mental Hygiene 96 39185

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Examine		4a. Facility Nama (If not institution, gi	va straat and number	)				4b. City, Town, or L	ocation of Death	1	y of Death		
		Circle Manor Nur	sing Home	/Alleg	is		I	Kensingto	n	Mont	gomer	^V	
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T S	0	Ralph Macellaro						Maria P	agliace	tti			
		19a. Informant's Name/Relationship /	Type, Print)		19b. Mailin	g Address (	Street	and Number or Rur	Rurai Routa Number, City or Town, State, Zip Coda)				
	ı,	Michael Zeoli		]	12102	Edgem	ont	Street	Silver	Spring	Mary	land 20902	
5	1	20a. Method of Disposition	70	20b. Piac	a of Dispos	sition (Nama	of or piac	00)	Data	20c. Location	- City or To	land 20902 own, Stata	
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the Hosp in 24 hour	(Jaleida	edical	29a. Certiflar 1 X Certifying Phy: (Check only one) 1 X Certifying Phy: 2 Medical Exami	sician: To the best oner: On the basis of and manner sta	r axaminatioi	edge, daath occ n and/or invasti	urred at the t gation, in my	ime, data and place, opinion, daath occur	and dua to the or red at Iha tima, o	cause(s) and ma data and place,	anner as st and dua io	lated. the cause(s)
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,			Mase	MER	499		D4	0602		12/23	3/96	
6			30. Nama and address of person who co		leath (Itam 2	3a) (Typa, Print	)	int MD 3	1002			

State Registrar 31. Date filed (Month, Day, Year)
DEC 2 7 1996



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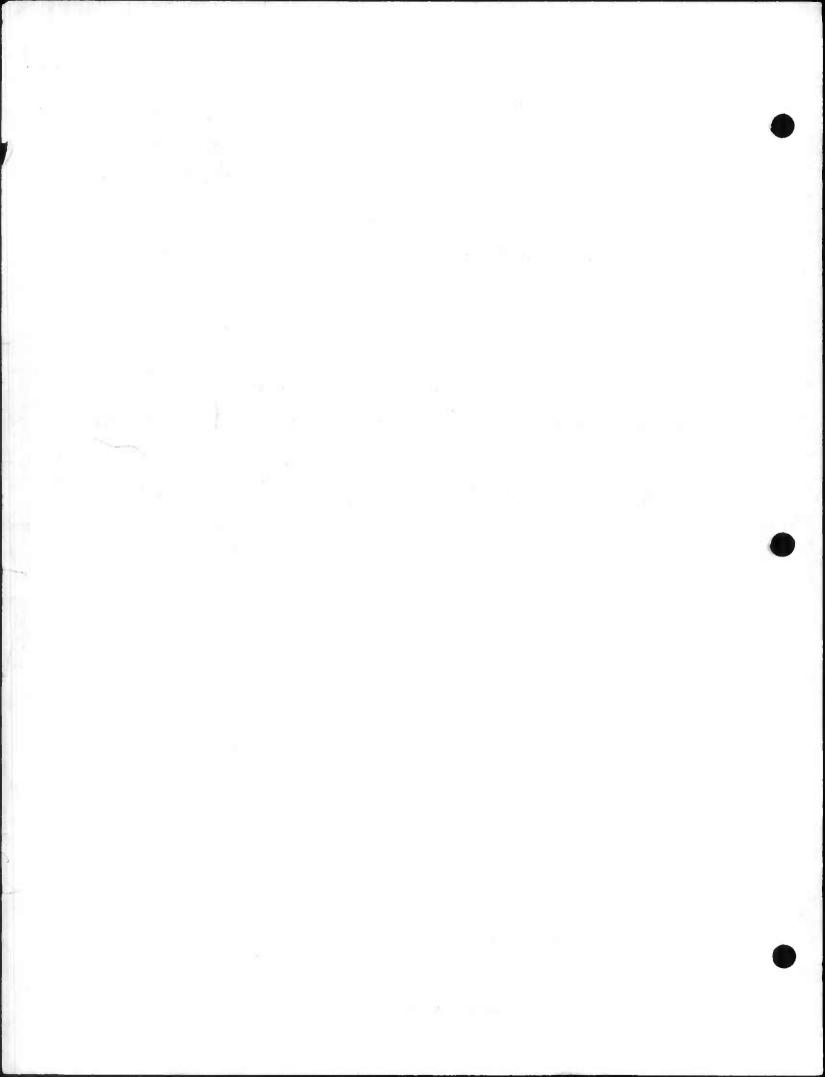
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Year Marie 12 Averza 5:49 PM 23 96 /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Baltimore Medical Carty Johns Hopkins Bayview Bultimore MD if Undar 1 Year | if Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) Age (In yrs. last birthday) 5. Social Sacurity Number 6. Sex Birthplece (Stata or Foreign Country) **Funeral** 1□M 2|X F 215-09-1278 Yrs Director Baltimore, MD 5/25/15 Usuai Rasidence of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel hygiene. Important: if them 27 Is marked other than "natural", or thems 23a or 23a-4 should proceed. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Nas 2 No MD Baltimore n/a 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 3509 Claremountt Street 21224 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puerto Ricen, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Naver Merried 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Detes: White 1 ☐ Yas 2X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) Collega (1-4or 5+) Epsteins-Goldenberg 8th Cashier 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Be Browning Cecilia Kispert P 19a. informant's Neme/Ralationship (Type, Print) husband 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 3509 Claremount Street Baltimore, Md. 21224 Joseph L. Averza 20b. Pleca of Disposition (Name of cematary, crematory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 □ Cremetion 3 □ Ramoval from Steta 12/27/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Dulaney Valley Cemetery 22. Nama and Addrass of Facility Joseph N. Zannino Jr. Funeral Hm. 21. Signeture of Funarai Service Licensee anxioning 263 S. Conkling St. Baltimore, Md. 21224 23a. Part1. Extar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onset end Deeth **Physician** /Medical immediata Causa (Final Sepsis disaasa or condition rasulting in daeth) Examiner Dua to (or as a consequence of): Examiner 72 hrs Perforated diverticula Sigmoid physician and the burial-transit The lew requires that the death certificate be executed Sequentielly list conditions, if any, laading to immediata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in daath) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) attending pl signed by the a Part II. Other eignificant conditions contributing to death but not rasulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 2 ☒ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings evallable prior to completion of cause of death? s certificate has director, page 2 1 ☐ Yas 2 No 1 Yas 2 10 No Hospital or Attanding Physician:
 24 hours after death.
 Funeral Director: After this certifica Be 25. Was casa rafarred to medica 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 0 1 Inpatiant 1 ☐ Yas 2 No 2 ER/Outpatient 3 DOA funeral 27. Manner of Death 28a. Deta of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred 1 Naturai 5 Panding after death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Piece of Injury - At home, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicida 1 Certifying Physician: To tha best of my knowladga, death occurred at the time, date and piece, end due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, deta end piece, and due to the cause(s) and mannar stated. 29a. Cartifian edical To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signeture and titia of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 12/23/56 30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print) ichara 31. Data filed (Month, Day, Year) 32. State

**DHMH 16 Rev 6/95** 

Registrar

DEC 27 1996



State of Maryland / Department of Health and Mental Hygiene

96 39188

						Certifica	ate of	Death	F	leg. No.	0	22100
Dhualaia		1. Decedent's Neme (First, Middla, Las	t)						2. Dete of Dee Month	th Dev	Year	3. Tima of Death
Physicia /Medica	_	John A. Andrews							December			11:10 p.m
Examine	_	4e. Facility Neme (If not institution, give	street and number	)				4b. City, Town, or	Location of Deeth	4c. County		22.20
		8906 Mavis Avenue						Balti	more	Ва	ltimo.	re
Funerai Director		5. Social Security Number  212-07-7372  Usual Residence of Decedant	9x X) M 2□ F	ge (In yrs. 77		hday) If Und Month	dar 1 Yaar S Days		. (Month, Day	Year) 6,1919	9. Birthple Countr Mary	ica (State or Foreign V) Land
and w		10e. State 10b. County		10c. Cir	y, Town	or Location					10	id Inside City Limits
a b	5	Maryland Paltima	<b>.</b> .				-0+:				100	
offi	Director	Maryland Baltimo	re				altin	nore				
23e or		8906 Mavis Avenu						1236		u.	S.A.	
C. Call	by Funeral	11. Meritel Stetus  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Wes Dacedant Armed Forcas' 1 □XYes 2 □ If Yes, Give Yaar or Dates:	7 No				Hispanic Origin? ( pan, Mexican, Pue Specify:	Specify Yas or No- rto Rican, atc.)	Bied	ck, White, at	tc.
in later	Completed	15. Decedent's Ed	ucation		16a.	Decedent's Us	suel Occu	pation	and the a	16b. Kind of Bu	usiness/Indu	ustry
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Hygiene. Wher than ant, the M	Ö		4	0.,	S	ign Pa	inte	L		Self-E	mploy	ed
프형등	Be	17. Father's Neme (First, Middle, Last)						18. Mother's Ne	eme (First, Middle,	Meiden Sumerr	a)	
# D .	0	Anthony And	rews					Rose	Selin	a		
n and Mer 7 is merke traumatic		19e. Informent's Neme/Relationship (T	ype, Print)		19b.	Meiling Addre	ss (Stree	t end Number or F	Tural Route Numbe	r. City or Town.	Stata Zin C	Code)
		Malena Andrews	(wife)						Baltimore			,
if or Health a If item 27 is or other tra	ŀ	20e. Method of Disposition	(11000)	20b. F	Place of	Disposition (A	lame of					yn State
0 = 0		1 ☐ Burial 2 ☐ Cremation 3 ☐ I	Removal from State		emeter	y, cremetory o	r other ple	*				
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Department of Hea Important: If Nem 2 any injury or other once.		21. Signeture of Fundami Sovice License	5			22. Name Schu 9705	and Addr nunek Belo	ess of Facility E Funeral Ur Rd	Homes, Baltimor	Inc.	21236	
		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	licetions thet cause	d the deet	h. Do n	ot enter the m	ode of dy	ing, such es cardie	oc or respiratory are	est,		Approximate
Medical  e ettending privision and bd for use as the burle-Iransit	Examiner	Immediate Cause (Finel disease or condition resulting in death)	eA1	Due to (d	es e c	s Deme	f):					
g physicia as the bur	Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Olseese or injury that initieted events rasulting in deeth) Lest  Due to (or es e consequence of):  Due to (or as a consequence of):											
ettendin for use	Physiciany		d									
the bed	Yal	Part II. Other significant conditions co	ntributing to death b	ut not res	ulting in	the underlying	) ceuse gi	ven in Part I.	23b. Did to	bacco uss co	ntributa to 1	the causs of death?
	Dy Ya								1 🗆 Y	88 2 NO	3 Probe	ibly 4 ☐ Unknown
hes been s	Completed								24a. Was a perfor		avei	ilable prior to
page page	0								1 □ Y	es 2X No	10	Yes 2□ No
s certificata director, pag		25. Wes case referred to medical						26. Plece of De	ath (Check only or	10)		
0 0		examiner? 1 ☐ Yes 2 ☐ No	lospitel:	ent 2	ER/Out	petient 3 I	DOA Ot	har			er (Specify)	
20 00 0		27. Menner of Deeth  1 Neturel 5 Pending 2 Accidant Investigation	28a. Dete of inju (Month, Da	iry	28b. T		28c. inju Wo		28d. Describe h			
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dw \	_	29b. Signatura and title of certifier	0	100.00		2	9c. Lican	se number	2	9d. Dete signed	d (Month D	av. Year)
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IX		youtur	n one	(1)	N	U	2	4177		12/2	110	0
h		30. Neme and eddress of person who of										
1		Dorothy Snow, M.D	., 10 N.	Gree	ne S	treet,	Bal	timore, 1	Maryland	21201		
State	•	31. Deta filed (Month, Dey, Year) DEC 2.7 1996	39 Beniete	ar's Signe	turo							

#### Ple

• •			I / Department of Health and Mental Hygiene  Certificate of Death  Reg. No.				
dle, Last)	CURTIS	ANDERSON	2. Data of Deeth Month December 25,	1996	3. Time of Deeth 7:00 AM		

12/26/96

/Medical **Examiner** 

**Funeral** Director

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Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

sician end buriel-transit The law requires that the death certificate be executed Box 68760. physician the 80 use as for us P.O. ed by the e signed by d be detect Records, page 2 should peen certificate Division of Vital Hospital or Attending Physician: director, this funeral After death. after death filled in by the To the Funeral C completely filled To the

1. Decedent's Nama (First, Mide **Physician** CATHERINE 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Holly Hill Manor Towson Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year Birthpiece (Steta or Foreign Country) Days Months Hours Min. 1□M 2월F 217-20-5474 Yrs 97 16, Md. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits traumatic event, the Munical Examiner must be notified at 1 Yes 2 No Director Md. Baltimore Towson 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21204 1701 Roland Ave. USA Funeral 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Marital Stetus 1 ☐ Yas 2 🛱 No If Yes, Give Yaar or Datas: 1 Nevar Marriad 2 Merried 1 Yes 2 No Specify: Specify by 3 ☑ Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Telephone Operator permit. Peges 1 end 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any injury or other traumatic event, ODEs. 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be William Curtis Annie Mary Brown 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Ellen K. Schmidt/daughter 1701 Roland Ave. Towson, Md. 21204 20b. Piece of Disposition (Nema of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 23 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/30/96 Druid Ridge Cemetery Pikesville, Md. 21. Signature of Funeral Service Lies 22. Name end Address of Facility
Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Partf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fallure. List only one ceuse on each line. Approximate interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in deeth) Alzheimers Disease 5 years Due to (or as e consequence of): Exam Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Dua to (or as e consaquence of): Part !!. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24a. Was en eutopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 X No Be 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☑ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) To 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28d, Describe how injury occurred 28c. injury at Work? 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Steta) 4 Homicide Medical 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the ceuse(s) and menner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a, Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Deta signed (Month, Day, Year)

D26534

. 301 St. Paul Place Baltimore, Md. 21202

State Registrar 30. Neme end address of person who completed cause of death (item 23e) (Type, Print)

Marc D. Sokolow, M.D.

31. Date filed (Month, Day, Year)

DEC 27 1996

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SICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	Cart	ŧ,	
E	H.	¥	
NING	A Part	ij	
EM	EAAL INFECTION As this section signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sl	ě	,
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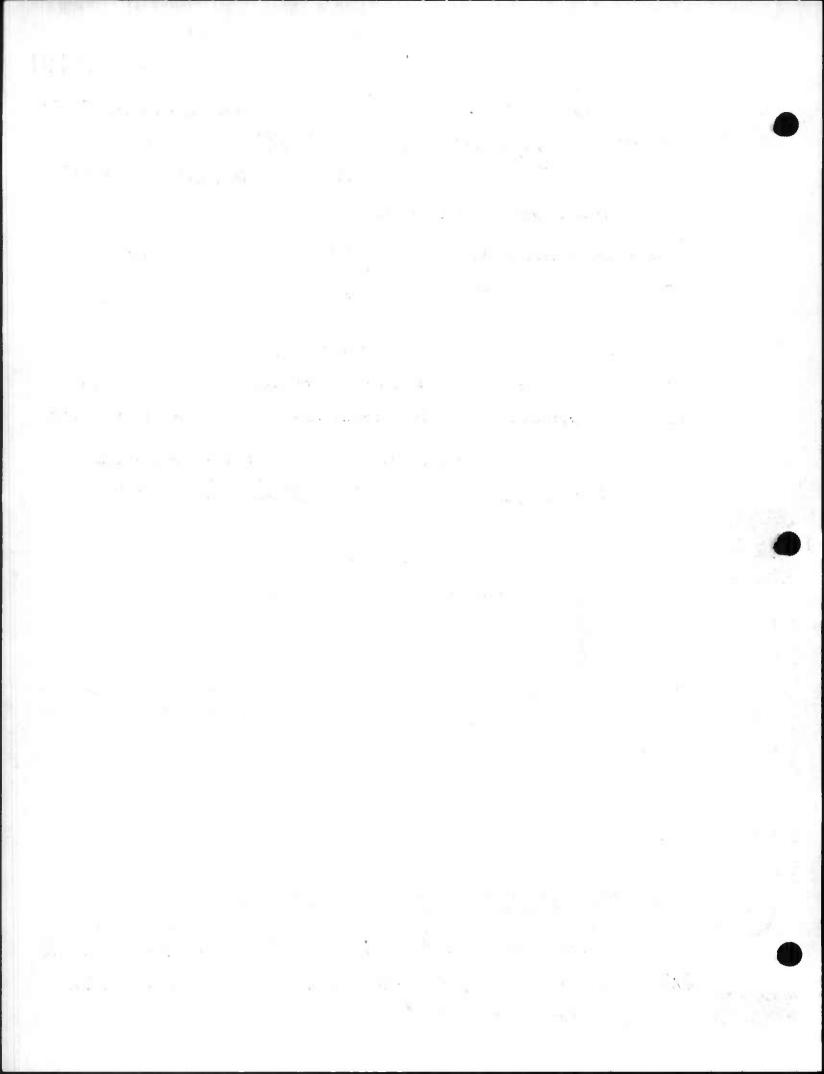
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTI GITT	OLITIII	ICATE OF DEAT	111	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Andros	iv	2. C	ATE OF DEATH	Y YEA	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER I YEAR IF UNDER	DE LOS	CEMBER	26 1991	O DISTAM				
	214-12-2715 10 M2 XF	91 YRS.	MONTHS DAYS HOURS	MIN.	ATE OF BIRTH Worth, Day, Year)	05	PATHPLACE (State or Foreign CT				
_	9. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATIO			9c. COUNTY O					
DIRECTOR	Meridia Catan Manor		15aHim	DIC		1	OLA				
S	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY				
H	MIS N/A		Baltimore				LIMITS?				
A.	10o. STREET AND NUMBER		10f. ZIP CODE	E .		10g. CITIZEN C	OF WHAT COUNTRY?				
FUNERAL	3330 Wilkens Alex	ME	2	1229	1	United	States				
12	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 Y	R IN U.S. ARMED	13. WAS DECENDENT O	F HISPANIC OF	RIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, llack, White, etc.				
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OF	DATES		Specify:		S	poolly: white				
E C	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTR	Y				
Ē	Elementary/Sacondary (0-12) College (1-4 or 5+)	Me. Do NOT us		9	2	1.1					
COMPL	6th Grade NIA	Home	maker		Ou	DO H	one				
	17. FATHER'S NAME (First, Middle, Last) Walent/ Jakubausk	,	16. MOTH	HER'S NAME (FI	irst, Middle, Meiden :	Surname)					
BE	19a. INFORMANT'S NAME (Type/Rgint)		ADDRESS (Street and Number	MAIINC	4 0170	icka					
2	MAN GRANCE Lieice	7.D. T	30x 336 4	Status	IP DAN	YACK	בחובו				
	200 METHOD OF DISPOSITION		OF DISPOSITION (Name of		DATE 20c. LOC	CATION — City of	Town, State				
	4 Donation 6 Other (Specify)	egmetery, competory or o	1 Cometer/	Dec. 2	8,1976	Balto.	mi				
	22. NAME AND ADDRESS OF FACILITY CHAPLES L. STORES FOWERS TONE, INC.										
	Victor 1	/	1501E F	Anke	Nue Bo	Himor	5, MID 21230				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition	1 10 0	1 1				Onset and Death				
	resulting in death) a. E/C/8	S ACONSEQUENCE OF	hubalance				few days				
2	Do	higrate	on				Inus days				
5	it sny, leading to immediate	S A CONSEQUENCE OF	7: 1	- 44 ^	CA :		"				
2	CAUSE (Disease or injury	S A CONSEQUENCE OF	wou yn.	SUMO	sering		JOLO Menthas				
CERTIFICATION	that initiated events resulting in death) LAST	S A CONSEQUENCE OF	-):		0		4				
	d										
EDICAL	PART II. Other significant conditions contributing to death	but not reaulting	n tha undariying causa g	iven in Part i	i. 24e. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
Ö	Dipoler History				1 TYES 2	Хио	OF DEATH?				
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YE		ERTAIN [	,		1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEAT		EKIANI							
PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetient 2 ER/O	utpatient 3 DOA	OTHER: 4 (X Nursing Home 5 - Rec	sidence 6 🗆 0	Other (Specify)						
F	27. MANNER OF DEATH  28e. DATE OF INJUR (Month, Day, Yea		E OF 28c. INJURY AT WORK?	28d.	DESCRIBE HOW IN	JURY OCCURED					
B	2 Accident Investigation	IPV As been deep	M 1 YES 2								
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJU	RY — At home, ferm, s pecify)	rreet, factory, office		LOCATION (Street or City or Town, Stete)	nd Number or Rur	al Route Number,				
2	29e. CERTIFIER (Check only (Check only In CERTIFYING PHYSICIAN: To the best of my kn	Owledge death occurs	of at the time state and alone	and due to the	amora ina						
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the beet of exemine	tion end/or investigation	n, in my opinion, death occurs	ed at the time,	date end place, end	due to the caus	e(s) and menner on stoted.				
BE C	296. SIGNATURE AND TITLE OF SIGNIFIER			NSE NUMBER		204 DATE BLOW	IED (Month Day Vand				
9	Welther Kaja WD			7541		► Docon	Lbor 26, 1996				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF RETHAN RAJA, 436	DEATH (ITEM 27) (Type,  7 HOLL		y R	D BA	LTIMOI	KE HUZ1227				
	31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SI	GNATURE	,,,,	/		- 701	/				
	DEC 27 1996 Julia Davidso	n-Mandalle									

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Emerson 0408 December 23 1996 /Medicai 4a. Facility Nama (If not institution, give street and number 4b. City. Town, or Location of Death 4c. County of Death Examiner Baltimore
if Undar 24 Hrs. 8. Date of
Month, Mayland 01 MD If Linder 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 18M 2DF Days Hours Maryland Director Yrs. death with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Glen Burnie Md. Anne Arundel 1 ☐ Yes 2 HNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ð items 23a 8081 Budding Branch Rd. #23 21061 USA Funerai 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, atc. pormit. Pages 1 and 2 should be filed within 72 hours after to Department of Healin and Mental Hydiena. Important: If Item 27 is marked other than "natural", or fres any Injury or other traumatic event, Ite Magnet Examires 14 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 f Yes, Give Year or Datas: 1 ☐ Yes 2 ₺ No Specify. White by Specify 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Dependant 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Armiger Richard Emerson Harner 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8081 Budding Branch Rd. #23 Glen Burnie, Md. 21061 19e. Informant's Name/Relationship (Type, Print) Richard Armiger/Father 20b. Placa of Disposition (Name of cemetery, cremetery or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Cemetery 12-26-96 Timonium, Md. 21. Signature of Funerei Servica Licens@e 22. Name and Address of Facility
Ruck Towson Funeral Home, 1050 York Rd. Towson, Md. 21204 23a. Part 1. Entar the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final Heart diseasa or condition resulting in death) Examiner Examiner disease enital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initieled events resulting in death) Last for usa as the burial-tran Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were sutopsy findings available prior to completion of cause of death? tha funeral director, page 2 should Certification: To Be Completed 24e. Was an autopsy performed? certificate has been 1 Yas 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 N 1 Impatiant 2 ER/Outpatient 3 DOA this 27. Menner of Deeth Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred Aftert 28b. Time of 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No ofter death 2 Accident 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 T Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai (Check only 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) (item 23e) (Type, Print) South Greene St. 31. Date filed (Month, Day, Year) Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** December 25, 1996 Mary Emma Brockmeyer 11:15 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 7. Age (In yrs. lest birthday)

Months Deys Hours Min.

8. Date of Birth (Month, Dey, Yeer)

Aug. 25, 1911 Allegis Health & Rehabilitation Center 5. Social Security Number 6. Sex Birthplece (State or Foreign Country) .Funeral 1□ M 2□ F 220-09-4674 Director Maryland Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2812 Kentucky Avenue 21213 U.S.A. Funeral death 12. Wes Decedent Ever in U.S. Armed Forces?

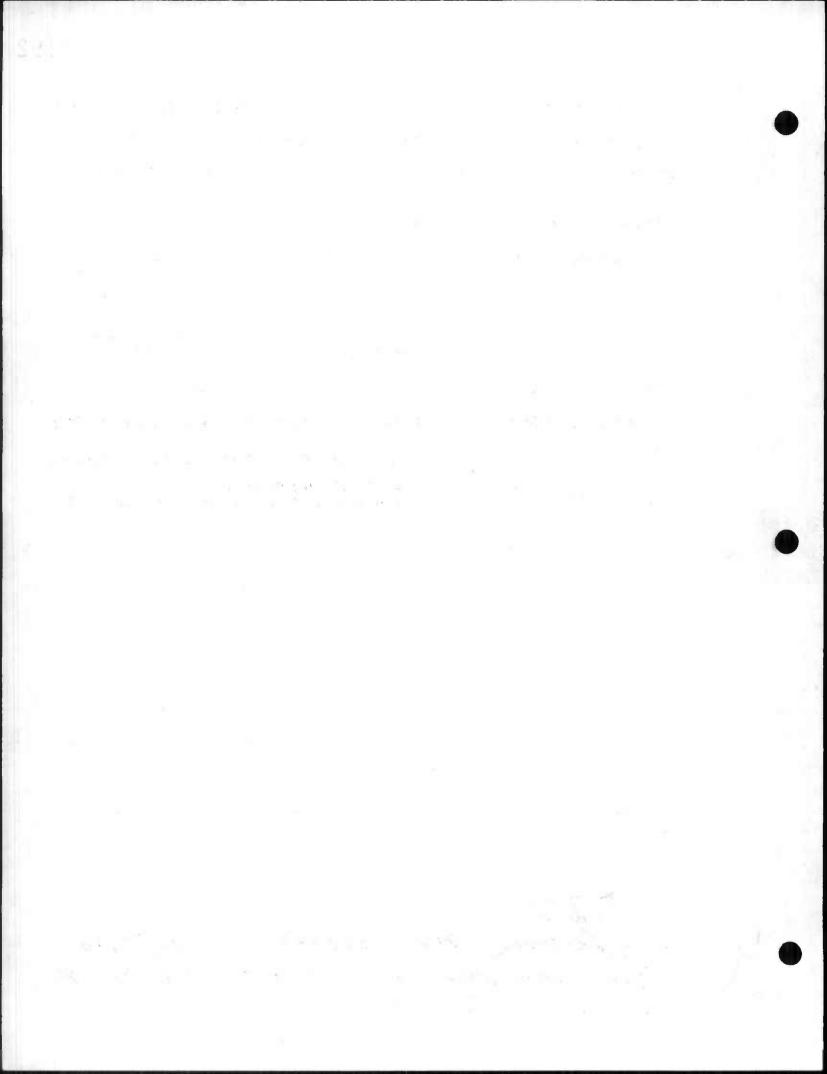
1 Yes, 2 2 No if Yes, Give Yeer or Dates: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 11. Marltal Stetus pernit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mantal Hygiona. Important: if item 27 is marked other than "naturel", or item eny Injury or other traumatic event. In Market 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🛛 No Specify: Specify: White py 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Johns Hopkins Eiementary/Secondery (0-12) College (1-4or 5+) 12th grade Laboratory Assistant Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be John Brockmeuer 2 Mattie Lind 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Valarie Panzer (Friend) 2868 Kentucky Avenue, Baltimore, Maryland 21213 20e. Method of Disposition
1 □ Buriai 2 □ Cremetion 3 □ Removel from State 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Most Holy Redeemer Cem. 112 - 30Baltimore, Maryland 21. Signeture of Funeral Service Licensea Schimuner Funeral Home 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause in each line.

Approximate Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) PROBABLE /Medical SUDDER Examiner Physician/Medical Examiner 20 YEARS burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in deeth) Lest and P.O. Box 68760. attanding physician for use as the buria The law requires that the death certificate be Due to (or es e consequenca of): Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? ed by DEMENT 1 Yes 2 No 3 Probably 4 Unknown Records, þ page 2 should be 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? 1□ Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital the Hospital or Attending Physician: hing a hours after death. Be 25. Wes cese referred to medicel exeminer? 26. Piace of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Jursing Home 5 Residence 6 Other (Specify) 2 28e. Dete of Injury (Month, Dey Year) 27. Manyier of Death 28c. Injury at / Work? 28d. Describe how injury occurred Medical Certification: 28b. Time of After 1 Naturel 5 Pending Investigation 2 Accident 1 Yes 2 No Director: / 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Funeral Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end menner es stated.

On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end menner steted. 29e. Certifier 29b. Signature and title 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 31. Dete filed (Month, Dey, Year)
DEC 2 7 1996 38. Registrar's Signature Pandall State

**DHMH 16 Rev 6/95** 

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedenț's Neme (First, Middle, Last) 2. Dete of Deeth Neme (If not institution, give street and number) 4b. City, Town, or Location of Death rne arunal 1 If Under 1 Yeer If Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. lest birthday) Birthpleca (Stete or Foreign Country) Months Hours 10 M 2□ F Yrs 248-60-9271 56 Aug. 22, 1940 South Carolina Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 127 Kuethe Drive 21403 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bieck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married 1□ Yes 2☐No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry New Car Eiementary/Secondery (0-12) College (1-4or 5+) 4 Salesman Dealership 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Deling Booth Elizabeth Sylvan 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Katherine F. Booth/wife 127 Kuethe Drive Annapolis, MD 21403 20b. Piece of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 12/24/96 Baltimore, MD 21. Signature of Funerel Servica Licensee Dawn F. McDonald 22. Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or haart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Dua to (or as e consequence of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yas 2 ☐ No

**Physician** /Medicai Examiner

item 27 l

permit. Peges
Department of
Important: If It
any injury or o

**Physician** /Medical

Examiner

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Director

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Peges 1 and 2 should be filed within 72 hours effer death nent of Health end Mental Hygiene.

Baltimore, Maryland 21215-0020

physician and the buriel-transit for use as if signed by the e page 2 has certificate Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifica

Examiner Physician/Medical þ director Certification: To

Division of Vital Records, P.O. Box 68760,

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was case refarred to medical axarpmer? 26. Pieca of Death (Check only ona) 1 Yas Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 2□ No 1 Inpatient 2 ☐ ER/Outpatient 3 ☑ DOA 27. Menger of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

28a. Date of Injury (Month, Day) 1 Neturai 5 Pending lec 22 investigetion 2 Accident 8 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

7600M 1 Tyes 2 1 No

28f. Location (Street end Number or Rural Route Number, City of Town, Stete)

Certifying Physician: To the best of my knowledge, deeth occurred at tha time, data and piece, and due to the cause(s) end manner as stated. 2 D Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the causa(s) end menner steted.

State Registrar

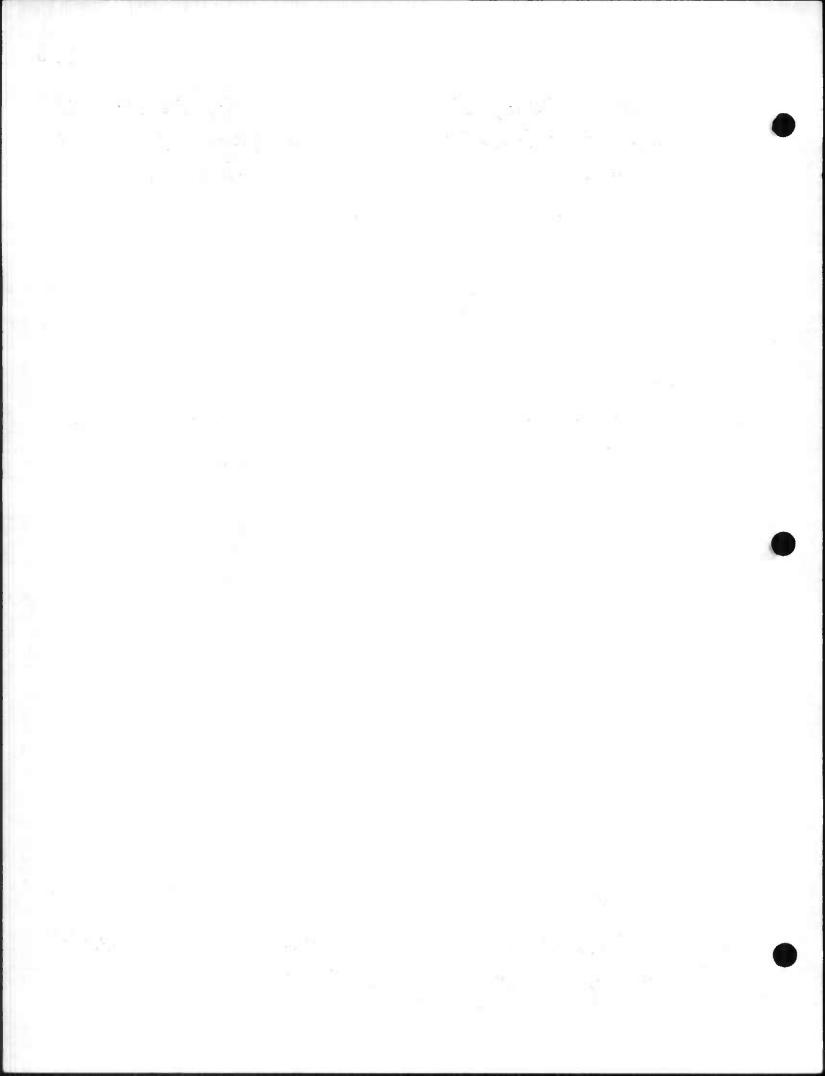
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Medical pletely

29a. Cartifier

(Item 23a) Type, Print), Md 21113

within 2 To the 0



State of Maryland / Department of Health and Mental Hygiene 96

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_					Ce	ertificate of	Death		Reg. No.		דעוענ
Physici /Medic			Decedant's Nama (First, Middle,	Lest) Donal	d Paul	Bulling	ger	2. Data of De Month DEC	Day	Yaar 996	3. Time of Death 6:00 PM
	Exami		4a. Facility Nama (If not institution,	giva street and number)			4b. City, Town, or L	ocation of Death	4c. Count	y of Death	
	Funeral Director		219-10-6138		ga (In yrs. last birthday, Yrs.	) If Under 1 Year Months Days		ville  8. Data of Birt (Month, Da)  DEC 18	th y, Year) , 1925	9. Birthpl Count	imore leca (Stete or Foreign try) yland
	and w		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or L	ocation				10	0d. Insida City Limits
	Wary!	0	MD Ba	ltimore		Cato	nsville				1 ☐ Yas 2 No
	ith the Marylar or 28a-1 show	Funeral Director	10e. Street and Number	LEIMOLE		10f. Zlp Coda	MPATTTE		10g. Citizen of	What Count	**
	23a or	O	1200 McCum1	A		27. 16	21220				
	ter death frems 2:	Jera	1300 McCur1	12. Was Dacedant	Evar in U,S. 13.	Was Decedant of I	21228 Hispanic Origin? (Spean, Maxican, Puarto	ecify Yas or No	- 14. Ra	USA ce - Amarica	
020	# P =	by	1 Nevar Married 2 Marrie 3 Widowed 4 Divorced	Armed Forces?  d 1  Yas 2  H Yas, Giva Yaar or Datas:	No	If Yas, specify Cub 1 ☐ Yas 2 XNo		Rican, atc.)	Bla Specii	rck, Whita, a	
21215-0020	5 2	Completed	15. Decedant's (Specify only highast	grade completed)	(Give	edant's Usual Occup e kind of work dona DO NOT use retire	during most of work	sing	16b. Kind of B	-	
212		E O	Elamantary/Secondary (0-12) 12	Collega (1-4or		uto Par	ts Man		Auto	Deale	rehin
	d 2 should be filed h and Mental Hygid 7 is marked other traumatic event, to	Be C	17. Fathar's Name (First, Middle, La	est)		deo Idi	18. Mothar's Nam				ranth
lar	should be nd Mental marked o	ToE	Clarence	Paul Bu	llinger		Ida	F. H	ochhau	S	
Maryland	2 sho		19a. Informant's Name/Ralationshi			ing Addrass (Street	and Number or Rui				Code)
Baltimore, N	of Healt of Healt if Item 2 or other		Thomas J. Bullin  20a. Mathod of Disposition  1 Bunial 2 Cramation 3  4 Donation 5 Other (Spe	Ramoval from Stata	20b. Placa of Disp cemetery, cre	matory or other pla	eld Rd.				
alti	pemit. Pag Department Important: I eny injury c	. ,	21. Signatura of Funaral Sarvice Li		2	2. Nama and Addra	ass of Facility			tawn,	
8	SOE S	ΙÏ	> serz 2.	14/14	M	MacNabb	<b>Funeral</b>	Home,	P.A.		
	Physician		George E.  23a. Part 1. Entar tha disaasa, or coshock, or haart fallura. List or	MacNabb omplications that caused ly one cause on each li	d tha daath. Do not an	SOL Fred Itar tha mode of dyi	ng, such as cardiac	oad B. or raspiratory ar	alto.,	MD_	21228 Approximeta Intarval Betwaan Onsat and Death
	/Medical Examiner		Immediate Causa (Final disaasa or condition rasulting in daath)	· Coro	Dua to (or as a consa	quance of):	11500	SL			yars_
	cate be asscuted physician and s the burial-transit	Examiner	Sequantially list conditions,	· Hyp	Dua to (or as a conse	quance of):					years
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687	tificate ig phys as the	Medical	rasulting in daath) Last	11 )(	Dua to (or as a consec	quènce of):	(11	. 1. 1	. )		9-01-
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ă	at at o	cia	Part II Other classificant and distant	J 1	)		71	1 221 211	,		
s, P.O.	requires that the de seen signed by the e hould be datached t	by Physician/I	Part II. Other significant condition	continuting to death o	ut not resulting in that t	undanying causa gi	van in Part I.		Yes 2 No	3 ☐ Prob	the cause of death?
Records,	2 S S	Completed						24a. Was perfo	en autopsy rmed?	ava	ara autopsy findings allabla prior to applation of causa desth?
œ.	0 - 0	E						101	as 28 No	10	Yas 2 No
Vital		Be	25. Was casa refarred to medical				26. Placa of Deat	h (Check only o	ne)		
£ <	5 00	2	axaminar? 1 ☐ Yas 2 ☑ No	Hospitel:	ant 2 ER/Outpatie	nt 3 DOA Oth	ner.	1		har (Specify	1)
	ling After fune		27. Menner of Death  1 Netural 5 Panding 2 Accidant Investiga	(Month, De					na 5 MR Rasidance 6 Othar (Specify) 28d. Dascribe how injury occurred		
Division		Certification	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homlolde datarmin	28a. Place of Injuding, at	ury - At homa, farm, st c. <i>(Specify)</i>	reet, factory, office		28f. Location (S City or Tow		ber or Rural	l Route Number,
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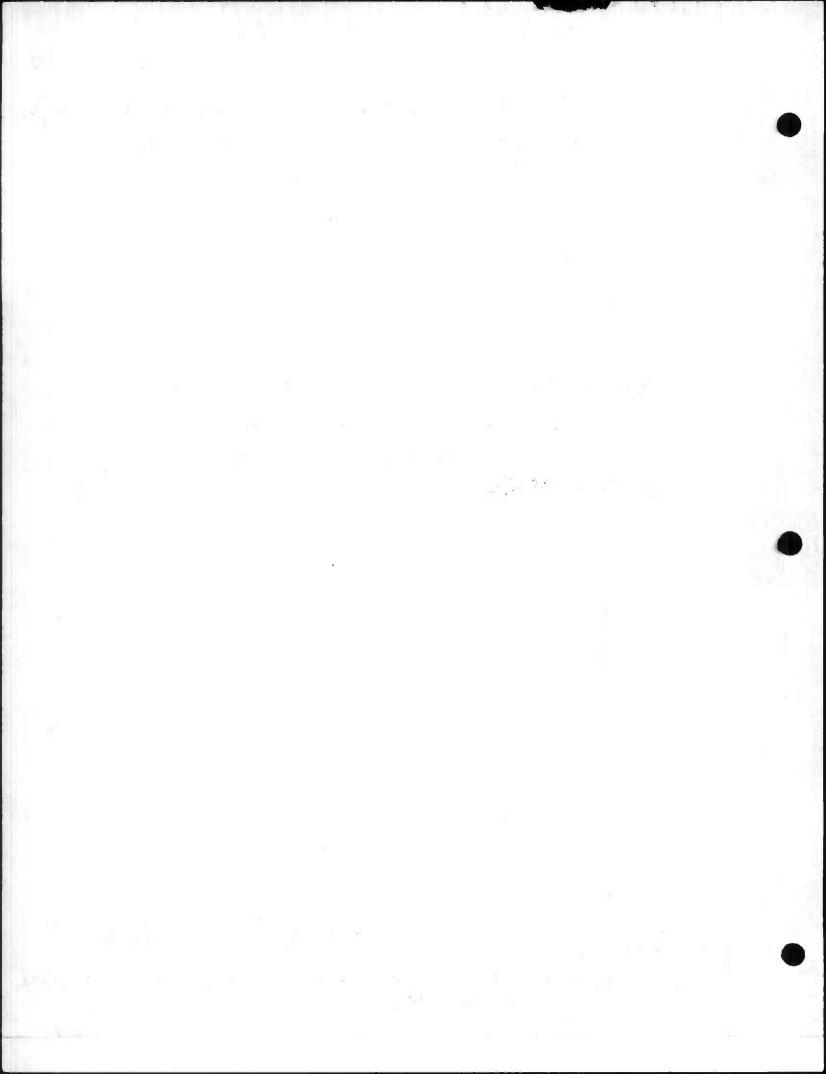
State Registrar State of Maryland / Department of Health and Mental Hygiene 39195 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Bouthner Year **Physician** MAY December Thoria 1996 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Memorial Hospital Harford Havre de Grace Harford 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) **Funeral**  Birthplace (State or Foreign Country) 1□M 2XF Months Days Hours Yrs. Director 220-50-3391 Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.

Important: If Item 27 is marked other than "natural" ---any injury or other traumatic example. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Harford Director Joppa 1 ☐ Yes 2 ☐XNo 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 18 Fort Hoyle Road 21085 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 🏖 ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 € Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Edgar Holliday Marion Wittmyer 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Leah L. Miller/daughter 18 Fort Hoyle Rd. Joppa, MD 21085 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Metro Crematory, Inc. 12/24/96 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility
Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, George E. MacNabb MD 21228 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest The law requires that the death certificate be exe Box 68760, Physician/Medical 2 Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of teath? signed by t d be detact 1 Yee 2 No 3 Probably Unknown þ Completed 24b. Were autopsy findings evaluable prior to 24a. Was an eutopsy performed? completion of cause of deeth? 1 Tyes 2 No this certific Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner 2 No 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes Inpatient 2 ER/Outpatient 3 DOA Certification: 27. Manher of Death Dete of Injury (Month, Dey 28b. Time of d or Attending P after death. I Director: After 28c. Injury at Work? 28d. Describe how Injury occurred 1 Matural 5 Pending investigation 2 Accident 1 Yes 2 No 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a To the Funeral D Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture and title of certifie end and ess of person who completed cause of seeth (Item 23e) (Type, Print) Min 31. Date filed (Month, Day, State

Registrar

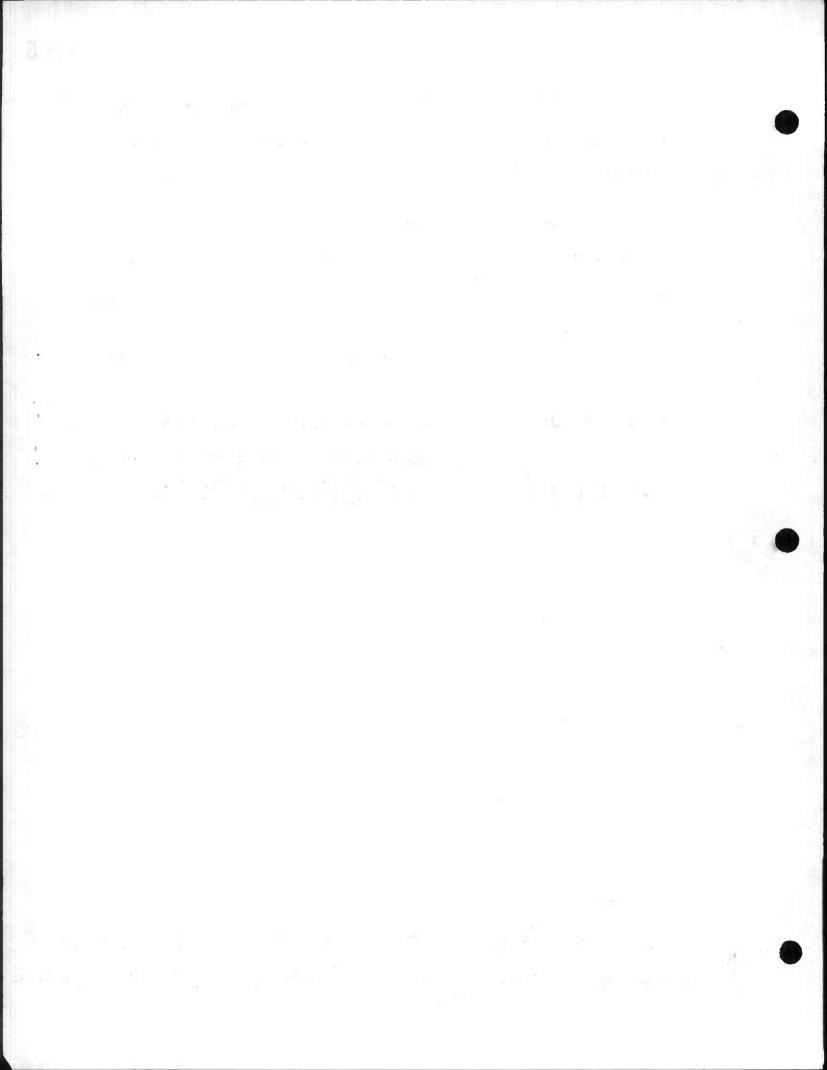
DEC 27



State of Maryland / Department of Health and Mental Hygiene

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yland		To Be	17. Father's Name (First, Middle, Last, George Cleveland						Name (First, Mid la Hare	dle, Maid	len Sumam	ne) *		
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ý	Physician /Medical Examiner	er	23a. Part1. Enter the disease or composition of the shock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)		tha death. Do ne.  Dua to (or as a	card	the mode of dy	ing, such as ca	rdiac or respirator				Approximate Interval Between Onsat and Deat	
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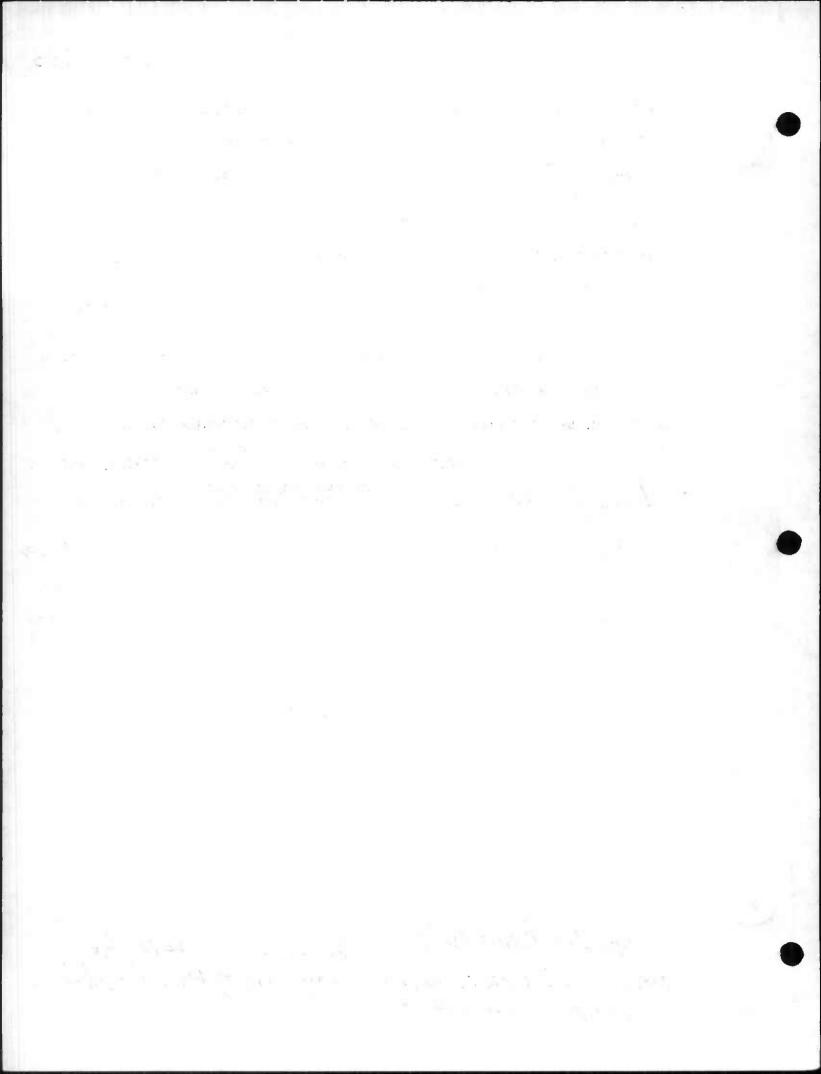
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Dallinore, n permit. Pages 1 end Department of Heelth Important: If flem 27 any injury or other to once.		20a. Mathod of Disposition  1 □ Burlal 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify	Ramoval from Stata	cematary,	Disposition (No cramatory of ON CI	othar plac	e) J	AN <sup>Dat</sup> 2 1996		- City or Town, State O, MD
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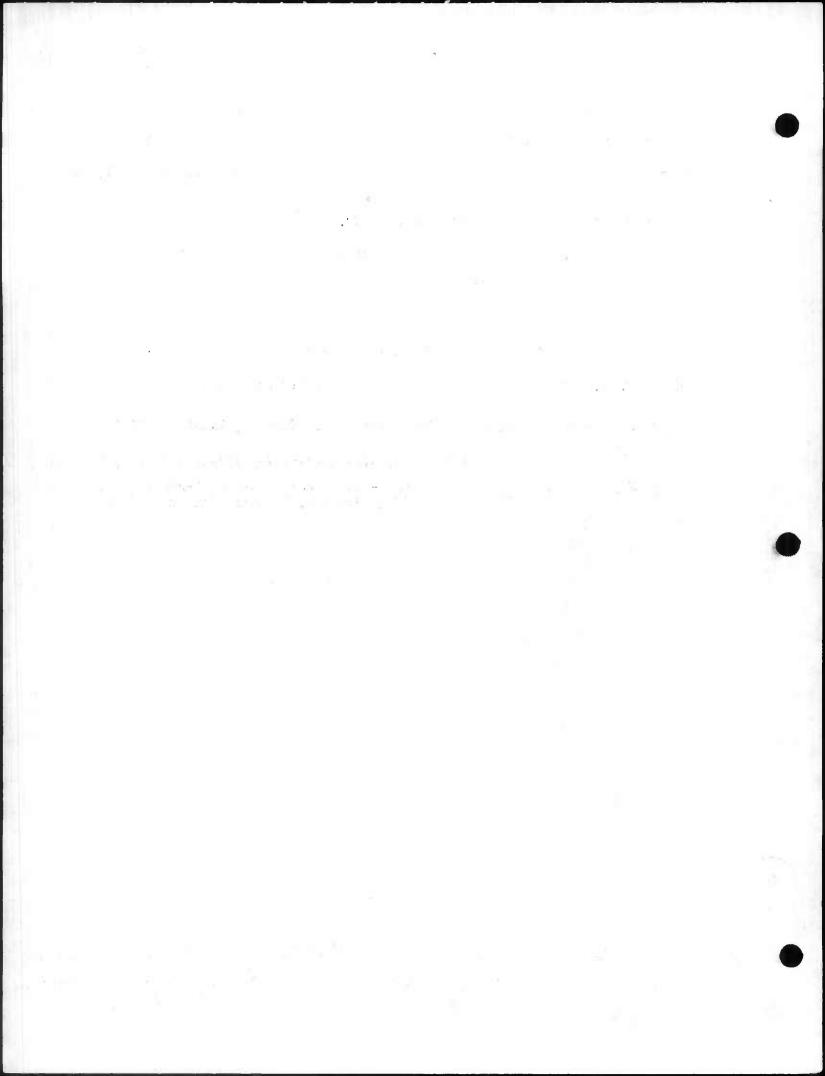
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5		30. Neme end address of person wh	o completed cause of	death (Imm aga) (*	yna Briath	0000	introf	1012	Pl	A 0
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						Cer	tificate of	Death	F	eg. No.	0 0 0 0 1
	Physic /Medi		1. Decedant's Nama (First, Midd Phyllis Ma		Butler				2. Data of Dea		3. Time the th
	Exami		4a. Facility Nama (If not institution Anne Arundel		)			4b. City, Town, or Annapol	Location of Death IS	4c. County of Anne A	Death Arundel
	Funeral Director		5. Sociel Security Number 578-38-8859 Usual Residence of Decedant	6. Sex 7. A	ga (In yrs. last b	Yrs.	If Undar 1 Yea Months Days		(Month, Day	Year)	Birthplace (State or Foreign Country) Washington, DC
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	death with the Maryland ms 23s or 28s-f show	al Director	10e. Street and Number 6003 Melbours	ne Avenue			10f. Zip Coda 20	751	1	0g. Citizen of Who	at Country?
020	permit. Pages 1 and 2 should be filed within 72 hours elter death with the Manylan Department of Health and Mentel Hygiene. Important: if item 27 Is marked other than "natural", or items 23s or 28s-f show important: if item 27 Is marked other than "natural", or items 23s or 28s-f show in joury or other traumatic event, the Medical Example must be notified at ADGS.	by Funeral	11. Marital Status  1 □ Naver Married 2 □ Mar  3 ☑ Widowed 4 □ Divorced	If Yas Giva	? No		Ves Decedant of Yas, specify Cul	Hispanic Orlgin? (S ban, Maxican, Puar o Specify:	specify Yas or No- to Rican, atc.)		American Indian, Whita, atc. White
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Baltimore, Maryland 21215-0020	Pages i and nent of Health ant: If item 27 ary or other to		20a. Method of Disposition  1 Burial 2 Cramation 4 Donation 5 Other (S	3 □Removel from Stata	20b. Plece cemat	of Dispos	sition (Nama of natory or other pla		Deta	20c. Location - Cit	ach, MD 2073 ty or Town, Stata 700d, MD
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	d d ansit	Examiner		b. CMRO	Duals/sees	1127	IRVETIV	15 / 1/1	mary	1117(4)	e 12 yeras
Ć,	exec in an	Exa	Sequentielly list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseese or Injury		Due to (or as a	consequ	dance of):				
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$\mathbf{m}$	death d for	icia	Part II. Other algnificant condition	one contributing to death I	out not resulting	in the un	deriving cause a	iven in Part I	23h Did t/	theco use contri	ibute to the cause of death?
s, P.O.	ires that the death c signed by the ettend d be detached for us	by Physician/	Takin One algument condition	The Community to death t	out not rasulting						□ Probably 4 □ Unknown
Records	aw requisite been 2 should	Completed b							24a. Was a perfor		24b. Wara autopsy findings availabla prior to completion of cause of death?
		ပ္ပ							1 🗆 Y	as 20No	1 ☐ Yes 2 ☐ No
/ita	ysician: The is s certificate he director, pege	Be	25. Wes casa referred to madica exeminar?						ath (Check only or	a)	
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n o	thar tunara	.i.o	27. Menner of Death  1 ☑ Natural 5 ☐ Pendir	28a. Dete of Inju	ury 28b.	Tima of Injury	28c. Inju		28d. Describe he	ow Injury occurred	
Division of Vital	tal or Attending Phrs after death. al Director: After the od in by the funaral	Certification:	2 Accidant 3 Sulcida 4 Homicide  28e. Place of Injury - At homa, farm, street, fectory, office building, atc. (Spacify)  28f. Location (Street and Number or Rural Routa Numb City or Town, Stata)								
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edical	29a. Cartifiar 1 Certifyir (Check only one) 1 Medical	g Physician: To the best Examiner: On the basis of and mannar st	of axamination a	a, daath nd/or inv	occurred et the t astigation, in my	ima, data and place opinion, deeth occu	e, and dua to tha curred at tha tima, d	ausa(s) and mann ata and place, and	ar as stated. d dua to the cause(s)
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_ (	1 8		64310	SHADYSIDE	RD.	51	419045	side	MO	207	64
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State of Maryland / Department of Health and Mental Hygiene

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					Ce	rtificate o	f Death		Reg. No.		OJLOL
Dham	ala.	Decedent's Neme (First, Middle	, Last)					2. Dete of Dec	eth	V	3. Time of Death
Physi /Me		NAJEE				E	BAKER	DECEME	BER 24	, 1996	2:10P.M
Exan		4e. Fecility Neme (If not institution	, give street and number	7)			4b. City, Town, or	Location of Deeth			
		JOHNS HOPKIN	S HOSPITAI	L			BALTIM	ORE		n/a	
, Funera Directo	_	5. Social Security Number 218–88–6460	6. Sex 1 M 2 □ F 7. A	ge (In yrs. I	ast birthday) 20 <sup>Yrs.</sup>	If Under 1 Yaa Months Dey			h v. Year)	9. Birthpl Count	ace (State or Foreign ry) ryland
yland		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City	, Town or Lo	ocation				10	d. Inside City Limits
Ma La	Director	MD	n/a		Balti	more					1 X Yes 2 □ No
h th	ě	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Count	ry?
7 wil	<u>a</u>	622 Cokesbury A	venue			21	218		TT	SA	
iges 1 and 2 should be filed within 72 hours efter death with the Maryland and Mental Hygiena. If from 27 is marked other than "natural", or items 23a or 28a-f show or other traumetic event, the Medical Examinat must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Marri 3 Widowed 4 Divorced	12. Was Decedent	?		Was Decedent of If Yes, spacify Cu	Hispanic Origin? ( ben, Maxican, Pue Specify:	Specify Yes or No- rto Rican, atc.)	14. Rac	ce - Amarica ck, Whita, a	itc.
thin 72 hours as.	Completed	15. Decedent (Specify only highes Elementary/Secondery (0-12)	s Education t grade completed)  College (1-4or	5+)	(Give	dent's Usuei Occi kind of work don DO NOT use retir	a during most of wo	orking	16b. Kind of B	Blac usiness/Ind	
od wi	0	10th Grade		.,		Cook			A Supe	r Car	ryout
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should b nd Ments marked	10	Andre Ahmad					Helen	Martin			
2 sho and h is me	1	19e. Informent's Neme/Reletionsh	lp (Type, Print) fa	ther	19b. Meilir	ng Address (Stree	et and Number or F	lural Route Numbe	r, City or Town,	State, Zip	Code)
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of He		20a. Method of Disposition	- 5-		aca of Dispo	sition (Name of natory or other pi		Dete	20c. Location -		
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permit. Peges 1 an Department of Heal Important: If Item 2 any Injury or other	à	21. Signetura of Funerei Service L	icansee	1421			ress of Facility N	utter Fu	neral H	omes.	Inc.
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ertificate be executed ling physician and e es the buriel-transit	Examiner	Sequentietly list conditions,	b	Due to (or	es a conseq	uence of):					
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tha death or y the attend tohed for us	Sici	Pert II. Other significant condition	a contributing to death b	out not resul	ting in the ur	nderiying causa g	iven In Pert I.	23b. Dld to	obacco use co	ntribute to	the cause of death?
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iclan: The certificate rector, pag	Be	25. Wes case referred to medical					28. Place of De	eth (Check only or			
yalci s ce direc	0	exeminer? 1 □ XYes 2 □ No	Hospital:	ant 2.DME	R/Outpetien	t 3□ DOA O	hor	Home 5 ☐ Raside		er (Specify)	
Attending Physician: r death. ector: After this certific by the funeral director,	l ii	27. Manner of Death	28a. Dete of Inju	Irv 2	28b. Time of	28c. Inju		28d. Describe h			
ath.	atio	1 □ Naturel 5 □ Pending 2 □ Accident investiga	ition 12 2 U		Injury 1336		Yes 2 No	Sur	1254	5405	
or Atte	Certification:	3 ☐ Suicide 6 ☐ Could no determin	treet, factory, offica  28f. Location (Street and Number or Rural Route Number, City or Town, State)					Route Number,			
Hospita 4 hours Funeral lely filled	edical Co	Consect only 5 Minedical F.	<b>caminer:</b> On the basis of	th occurred at the time, date and place, and due to the cause(s) and menner as stated.  nvastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)				had			
the plan			end menner sta	ated.					and and plead, i	and due to t	00000(5)
2 2 8	M	29b. Signeture and title of certifiar	rethell			29c. Lican	c.M.E.		9d. Dete signed ECEMBE		
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20	9 0	by F	3 Widowed 4 □ Divord		1 ☐ Yas 2] If Yas, Giva			1 ☐ Yes	2 X No	Specify	:			Specif	y: T.T	hite	
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	1 end 2 Heelth em 27 I		Tina M. Doer	fle	r		10	I / Fo	CWOO(	d Lane	Ba.	ltimore	Md.	. 212	221		
altimore,	permit. Peges 1 en Department of Heel Important: If item 2 any injury or other once.		20a. Mathod of Disposition 1 D*Burial 2 □ Cramatio	- 20	Damausi from Cta	ann a	of Dis	sposition (A	ama of other pla	ace)		Data	20c. l	Location -	- City or To	wn, State	a
Ĕ	Peg nent nt: H		4 Donation 5 Other			Garr	so	n For	est (	Cemete	ery	12/30/9	96 (	Owing	sMil.	ls M	D.
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m	Depar Impor any ir		DR TI		, ('-				-			Home of					
	_		23a Part Fotor the diseases	N	1 Cons	relly	/	300 1	lace	ave.	Ba1	timore	Mary	yland	21	221	Lava V.
		1	23a. Part1. Entar tha disaasa, shock, or haart feilura. L	ist only	one ceuse on aacl	n lina.	O III	arnear triea ini	ou or uy	ang, such as	cerdiac	or raspitatory	arrest,		1	Approxi fntarvai	Between and Death
	Physician /Medical		Immediate Cause /Final			- 0									-	Olisal	Ind Death
	Examiner		Immediata Cause (Finat disaasa or condition rasulting In death)		a Acute	Myocard	ial	Infa	ccti	on					1	2 ho	urs
			rasuling in death)			Dua to (or es	e cons	sequance o	·):								
	D ≅	Examiner			Corona	ry Arte	ry :	Disea	se								
	and	can	Sequentially list conditions, if any, leading to immediate			Dua to (or es	e cons	sequance o	):								
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68760,	certificate be executed iding physician and ise as the burial-transit	//Medical	that initiated avents rasulting in death) Last		C	Dua to (or as	a cons	equance of	):								
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m .	requires that the death seen signed by the atter hould be deteched for u	Physician	Part II. Other significant condi	tions co	entributing to death	but not resulting	in the	undarivino	CAUSA O	iven in Part	f	23h Di	d tobacc	O USO CO	ntribute to	the car	use of death?
o.	by th	hys					,	a arrowny ang	ocaoa g	TOTAL PART				2 No			4 Unknown
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9	uires Dis C											24a. Wa	is an aut	ODSV	24b. W	ara autor	psy findings
ecord	> 40	Completed											formed?		co		rior to of causa
ē	2 5 5	E G													of	death?	
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Vita	ysician The s bentificate director, par	Be	25. Wes cesa referred to medi- axaminar?	-	11						e of Dee	th (Check only	one)				
0	Physiclan this bentific ral director,	2	1 Yas 2 No		Hospital: 1 ☐ Inpe		Outpat	lent 3□ (	NA		ursing H	oma 5 Ra	sidance	8 DOtt	ner (Specif	y)	
	After t	:uo	27. Mannar of Death 1 Natural 5 □ Pane	dina	28a. Data of it	Day Year) 281	. Time		28c. inju	ry at ork?		28d. Dascribe	e how inj	ury occur	red		
Division	Attending or death. ector: After by the fune	ati	2 ☐ Accident Inve	stigation				М		Yas 2	No						
<del>5</del>	of or Attend after death Director: / d in by the	tiffe	3 Suicida 6 Coul	d not be rmined	288. Place of	Injury - At homa, atc. (Specify)	farm,	straat, facto	ry, office			28f. Location City or T			ber or Rura	/ Route /	Vum <i>ber</i> ,
5	s after	Certification:			bullanig,	atc. (Specify)						Only or 1	own, ora	ita)			
	Hospitat 24 hours a Funeral D letely filled		29a. Certifiar 1□ Certify	ing Phy	sician: To the be	st of my knowled	ge, da	eth occurra	d at the ti	ime, date ar	d place	, and dua to th	a causa(	s) end ma	anner as si	teted.	
	P Ho P Fu	edical	(Check only 2 Medical one)	el Exam	Inar: On the basis and manner	of axamination	end/or	invastigation	n, in my	opinion, dea	th occu	rred at tha time	a, data ai	nd place,	and dua to	tha cau	sa(s)
	To the Hos within 24 h To the Fun completely	M	29b. Signatura and tipe of certif	Kr /	1	Λ		/ 2	9c. Lican	sa number			29d. D	ata signe	d (Month,	Day, Yas	11)
	/		) / IIIV		111		/		1777	1 5			10	0.5			
,	/	-	20 Name and City		1	<u> </u>			)273	1.)			12-	-25-9	0		
	5		30. Name end address of person						0			D - 3 - 4				1 00	007
	Sta		Dr. M. L. Frye			strer's Signatule		ukıın	Squa	are Di	ıve	Baltin	ore,	, Mar	ylan	1 21	23/
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Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MURAR

31. DATE FILED (Month, Day, Year)
DEC 2 7 1996

	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPAR					MENTAL HYGIE REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) ANNA	R		BR	0001	N		2. DATE OF DEATH MONTH	DAY	YEAR	O . 55 PM
	4. SOCIAL SECURITY NUMBER  214-26-9113  9a. FACILITY NAME (# not institution, give size	1 🗆 M 2 🗷 F	(In yrs. last birthday)  89  YRS.	MONTHS		HOURS A	AIN.	7. DATE OF BIRTH (Month, Day, Year) 10/6/19		Country) MD	
CTOR		SPITAL				TIME				LTIP	HORECTY
DIRECTOR		N/A			or Locat	City					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2616 Orleans St.					2122			U.S	A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13.	If yes, spe		Aaxican	C ORIGIN? (Specify V , Puerto Rican, atc.)	es or No—	Specify:	American Indian, hita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) UnK .		16a. DECEDENT'S (Give kind of life. Do NOT us	work done se retired.)	during mo:	N at of working		16b, KIND OF B	USINESS/INDI		
BE CON	17. FATHER'S NAME (First, Middle, Last) John Newcomb					16. MOTHER Unkno		E (First, Middle, Maide	n Surname)		
TO	190. INFORMANT'S NAME (Type/Print) William Brown							oute Number, City or To			
	20s. METHOD OF DISPOSITION 1	oval from State cer	b. PLACE AND DATE metery, cremetory or o reenmoun	OF DISPO	SITION (Na	me of		1	OCATION — C	Sity or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Salvas	lead	B 2	. Dal 818	orowsk E. Bal	i 8 tim	Son Fundance St. 1	eral H Baltim	lome	
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	Liet only one ceuse on e	ech line.	not enter	r the mo	de of dying.	, auch	as cardiac or rea	piratory arra	nat,	Approximata intervel Batween Onset and Death
	disease or condition resulting in death)	MULTI DUE TO (OR AS	System A CONSEQUENCE O	, C	ORG	AN I	FA	ILURE RENE			Silver and Data
NOI	Sequentially flat conditions, if any, leading to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	ASCU L	AR		TNS	UF	FICIE	Nag		
	resulting in death) LAST							FARC			
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to deeth t	out not resulting	in the u	nderlying	cause give	en in P	Pert I. 24a. WAS A PERFC	RMED?	COI OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 300
AN: N	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	PLACE OF DEAT			UNCER	TAIN	2			
YSICI	EXAMINER? 1   YES 2   NO	HOSPITAL: 1 Supportion: 2 ER/Out		OTHE	R:	5 🗆 Reside	ence 6	Other (Specify)			
ву рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		M		RK? ES 2 N		26d. DEŞCRIBE HOW	INJURY OCC	URED	
8	3 Suicide 6 Could not be 4 Homicide daterminad	26s. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, a	itreet, fac	tory, office	· · · · · · · · · · · · · · · · · · ·		261. LOCATION (Street City or Town, State	and Number (	or Rural Route	Number,
COMPLET		CIAN: To the best of my known: R: On the besis of exemination									d manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)										

CHURCH HOSPITAL

State of Maryland / Department of Health and Mental Hygiene

39205

						Certific	cate of	Death		Reg. No.	20	0 7 2 0 0
	Dhysis	0.00	1. Decedent's Neme (First, Middle, La	st)					2. Dete of D	Peeth Dey	Yaar	3. Tima of Death
	Physici /Medi		George W. Bel	tz						24, 19		11:00 P.M
	Examir	ner	4a. Facility Neme (If not institution, giv					4b. City, Town, or			ounty of Death	
	_		1000 Fell St., Ap					Baltimor			timore	4
	Funeral Director		213-12-46/1	5ax 7. Ag 1☑ M 2□ F 7.	e (In yrs. lest bin		nths Deys	Hours Min			9. Birth Cou Mary	pleca (Stete or Foreign intry) 1and
	and		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, Town	or Location	n			-		10d. Inside City Limits
	Mery	ō	Maryland Baltimor	e City	Baltim	ore C	itv					1⊠ Yes 2□No
	the noti	Director	10e. Street and Number	-			of. Zip Code			10g. Citizer	n of What Cou	intry?
	3a o		1000 Fell Street,	Apt. 414			21231				d Stat	
020	within 72 hours after death with the Meryland ilene. Then "naturel", or Items 23a or 28a-f show the Medical Examinet must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Diprorced	12. Was Dacedant I Armed Forces? 1页Yas 2回M If Yes, Give Yaar or Dates:	No.		Decedent of I	dispanto Origin? (s an, Mexican, Puer Specify:	Specify Yas or N rto Rican, etc.)	lo- 14.	Race - Amari Black, Whita Decify: Whi	ican Indian, , atc.
9	2 hou		15. Decedent's E	ducation		Decedent's	Usual Occur	pation			of Business/Ir	
21215-0020	within ene.	Completed	(Specify only highast green Elementery/Secondary (0-12)	College (1-4or 5	i+)	(Give kind of life. DO No	of work done OT use ratire	during most of wo	orking	Buile		,
P	E TE	BeC	17. Fethar's Nama (First, Middle, Last,	)	1			18. Mother's Ne	me (First, Middl	_		
Maryland	should be liled ind Mental Hygi marked other urratic event,	To B	George Beltz					Ottilli	a Dietr	ich		
ary		-	19a. Informant's Name/Relationship (	Type, Print)	19b.	Malling Ad	dress (Street	end Number or A	lural Route Num	ber, City or To	own, Stete, Zi	ip Code)
	is 1 and 2 of Heelth a flam 27 is other train		Brooke R. Outten	/ Daughter	40	07 Pu	tty Hi	ll Ave.,	Fuller	ton, MI	D 212	36
Baltimore,	permit. Pagas 1 and Department of Heelth Important: If Itam 27 any Injury or other ti sats.		20e. Method of Disposition  1 ☐ Burlal 2X☐ Cremation 3 ☐  4 ☐ Donetion 5 ☐ Other (Specif			y, crematory	y or other ple	Dec	Dete ember 1996		ion - City or T	own, State , Marylnad
alti	ortar Inju		21. Signature of Funeral Service Lice					ss of Facility	1550	Cacon.	PATITE	, maryinau
m	Depariment of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th		1/20/2/18	112				ddick Fu				
	Physician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or haart failure. List only Immediate Cause (Final disease or condition resulting in daeth)	ona cause on each lir	10.	not enter the	mode of dyl		ac or respiratory	arreat,		21061 Approximate interval Between Onset end Death  3 month  6 months  6 months
		Je.		e. Severe cardionyopathy  Due to (or as e consequence of):  Mostate cance  Due to (or es a consequence of):  Bladdy cance  6 months								
	outed ansit	Examiner	Sequentially list conditions	b. 1003100	Due to (or es a o	consequence	e of):				1,	0 -1011
o,	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury	Bladden	could	1	0.01,					omonths
68760,	death certificate be executed the attending physician and ad for use as the buriel-transit	Medical	Ceuse (Disease or Injury that initiated events rasuiting in deeth) Last		Dua to (or as a c							
Box	attendir			d							1	
	deat of fo	sici	Pert II. Other significant conditions of	ontributing to death bu	ut not resuiting In	the underly	/Ing cause gi	ven in Part I.	23b. Did	tobacco usi	s contribute !	to the cause of death?
ls, P.O	ires that the de signed by the a d be datached	by Physician/		77-54-6					10	Yes 2 (1	No 3□Pro	obably 4 Unknown
of Vital Record	been shoul	Completed	N							s en autopsy formed?	av Co	Vere sutopsy findings vallable prior to ompletion of cause f death?
ž	0 - 0	E O							10	Yas 210	lo 1	☐ Yes 2☐ No
ita		Bec	25. Was case referred to medical					26. Piece of De	ath (Check only	one)		
<u>+</u>	5 00	To	examiner? 1 🗆 Yas 20 No	Hospitel: 1 ☐ Inpatie	nt 2 ER/Out	tpatient 3[	DOA Oth	ner: 4 🗆 Nursing I	Home 5 Res	sidence 8 [	Other (Speci	ify)
o uoi	Attending Phir death.  Sctor: After the by the funeral		27. Manner of Death 1 A Naturel 5 Pending 2 Accident Investigation	28a. Date of Injur (Month, De)	y Year) 28b. T	ime of njury M	28c. Inju Wo	y et rk? Yes 2 □ No	28d. Describe	how Injury o	berruoo	
Division	2446	27. Manger of Death 1 Naturel 2   Accident 3   Suicide 4   Homicide  28. Date of Injury (Month, Dey Year)  28b. Time of Injury M 28c. Injury et Work? 1   Yes 2   No  28c. Plece of Injury At home, ferm, street, fectory, office								(Street and Nown, State)	lumber or Rur	ral Route Number,
	To the Hospital within 24 hours a To the Funeral C completely filled	edical	29a. Certifier (Check only one) 1 Certifying Ph	ysicien: To the best on niner: On the bests of end manner sta	examinetion and	death occu	urred et the ti etion, in my o	me, dete and plece opinion, death occ	e, and due to the urred at the time	e ceuse(s) en , date end ple	d manner es s	stated. to the cause(s)
	ro th vithin ro th	Me	≥ 29b. Signature and fittle of certifier 29c. Licanse number							29d. Data s	igned (Month,	, Day, Year)
	10		John An	mu-	MO			- 044	1477	12	- 261	96
	IVN		30. Name and eddress of person who Lisa A. Simonson	, M.D., 60	l N. Ca	rolin		Baltimo	re, Mar	yland	21287-	0941
	Sta Registr	te ar	31. Dete HE C 27 1996	Q _32_Pequery	ata Sinculian d	4,044						

Registrar

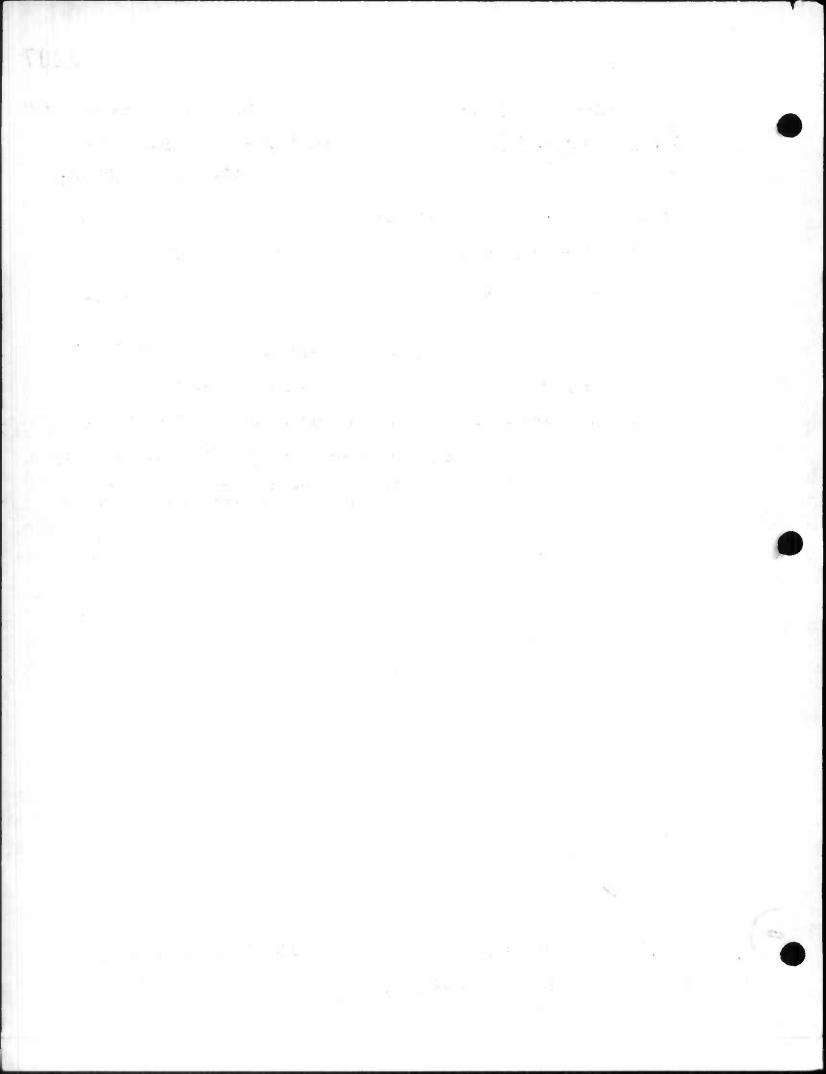
State of Maryland / Department of Health and Mental Hygiene 96 39206

		Certificate of Death	Re	g. No.	001	200
Dhuni		Decedent's Name (First, Middle, Last)	2. Dete of Death Month	1	3. T	ime of Death
Physic /Med		MARGARET N BAYLINE	DECEMBER			35 PM
Exam		4a. Facility Name (If not institution, give street end number)  4b. City, Town, or Li	ocation of Death	4c. County of	Death	
		St. Agnes Hospital Baltimo			/a	
Funera Directo			8. Data of Birth (Month, Dey, JUne 4		Birthplaca (S Country) Mary 1	Steta or Foreign
pug *		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location			10d Inc	aide City Limits
e Maryle a-f sho	Director	Md. Baltimore Baltimore				Yas 2 No
F 28	ire	10e. Straat and Number 10f. Zip Code	10	g. Citizen of Who	et Country?	
th wil	a	5522 Oakland Road 21227		USA		
re, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours effer death with the Maryland Health and Mental Hygiene. The marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examiner was be notified at	by Funeral	11. Marital Status  12. Was Dacedant Ever in U,S. Armed Forces?  1 □ Never Married 2 □ Married  1 □ Yes 2 □ No Yes, Give Yaar or Dates:  13. Was Decadent of Hispanic Origin? (Sp If Yas, specify Cuban, Mexican, Puerto 1 □ Yes 2 □ No 1 □ Yes 2 □ No 1 □ Yes 2 □ No 1 □ Yes 2 □ No	ecify Yas or No- Rican, etc.)	Black,	American Ind White, etc. White	
21215-0020 d within 72 hours ef giene. or then "natural", or for the Medical Exert	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  16a. Decedent's Usuai Occupation (Give kind of work done during most of work life. DO NOT use retired)	king	6b. Kind of Busin	ness/Industry	
filed within Hygiene.	Eo	Elementary/Secondary (0-12) College (1-4or 5+) Housewife/domestic	· I	Homeown	er	
Hygier other	BeC	17. Father's Name (First, Middla, Last)  18. Mother's Nam	e (First, Middle, N	la <i>id</i> en <i>Sur</i> neme)		
should be ind Mental or marked or umatic eve	ToB	Charles Gauss Florence	e Finke	21		
Maryland 2. d 2 should be filed v th and Mental Hygie 7 Is marked other t traumatic event, m	-	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rui	rai Route Number,	City or Town, St	eta, Zip Code,	)
and 2 satth a satth a n 27 is		Barbara O'Haran daughter 5522 Oakland Rd. E	Baltimo	re, Md.	2122	2.7
0 = 0 = >		20a. Method of Disposition  1 Disposition  1 Disposition  1 Disposition (Name of cametary, crametory or other place)  4 Donation 5 Other (Specify)  20b. Place of Disposition (Name of cametary, crametory or other place)  Glen Haven Mem. Park	Date 26 1996 G	Oc. Location - Ct Len Bur	ty or Town, St	ate
Baltimo permit. Pag Department Important: it any injury o		21. Signature of Funeral Service Licensee  22. Nama and Addrass of Facility McCully Funeral	Home of	E South	Balt	.0.
		23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac shock, or heert feilure. List only one cause on each line.	Baltli or respiretory erre	nore, P		zimete ral Between
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  a. Athuros clerotic cardiovas  Due to (or as a consequence of):  Portic in Sufficiency	icular L	earl dis		ppropinate 7:30 PM
law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Congestive heart factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric factoric fac	L			
death cer a attendir d for use	icia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	22h Did tol	acco use contr	lhute to the e	auga of death?
res that the de igned by the a be detached	by Physician/I	Takes Outer Significant Condition Continuously to dealing but not resulting in the underlying cause given in Fatt I.			☐ Probably	45 Unknown
he law requires the has been signe	Completed b		24a. Was ar perform		24b. Were aut available completic of death?	prior to on of cause
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Vitali Melan: The certificate irector, per	BeC	25. Was case referred to medical 26 Place of Deal	th (Check only one		10100	70.10
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State of Maryland / Department of Health and Mental Hygiene

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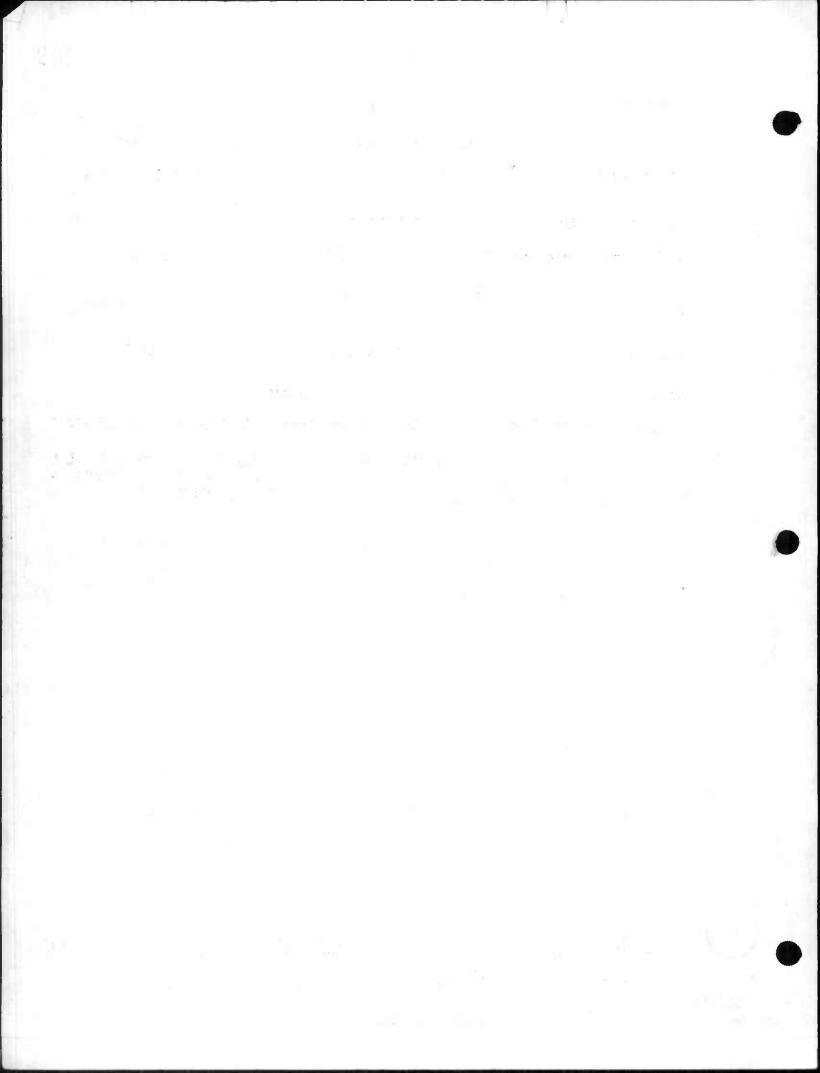


State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of	Death		Reg. N	0.		0 3 4 0 0	
	Dhuais	la.	1. Decedent's Name (First, Middle,	Last)						2. Date of Month	Death		<b></b>	3. Time of Death	
	Physic /Medi		Donald Calvin							Decem	ber	26, 19	996	6:40 A.M	
	Exami		4a. Facility Name (If not institution,		r)				4b. City, Town,	or Location of De		c. County of			
	Funeral		17 Seward Avenu		Age (In yrs. la:	st birthday)	If Under 1		if Undar 24 H	imore Irs. 8. Date of I in. (Month,	Birth	Anne			
	Director		219-10-3612 Usual Residenca of Decedent	3. Sex. 7. A	74	Yrs.	Months	Days	Hours M	in. (Month, Octob	per 2	7, 192	Counti 22	Maryland	
	e Marylan Ba-f show	Director	MD. 10b. County Anne A	rundel		1timo							10	d. Inside City Limits 1 ☐ Yes 2 ☐ No	
	th with the 23m or 2	ai Dire	17 Seward Aven	ue			10f. Zip C	oda 22	5		10g. C	itizen of Wha	at Count	у?	
	be filed within 72 hours after death with the Maryand stal Hygiene. Id other than "natural", or flems 23a or 28a-f show event, the Modical Evantrat trust be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Marrie  3 Widowed 4 Divorced	12. Was Decedan Armed Forces d 1  Yes 2  If Yes, Give Yaar or Dates	? <b>X</b> Vo			nt of h	Ilspanic Origin? an, Mexican, Pu	(Specify Yes or erto Rican, atc.)	No-	14. Race -	Amarica White, e		
)	72 ho	pe	15. Decedent's (Specify only highest	Education		16a. Dece	dent's Usual	Occup	pation during most of v	working	16b. I	Kind of Busin	ness/indu	ustry	
	2 should be filed within and Mental Hygiene. Ie merked other than "I aumetic event, the Med	Completed	Elementery/Secondary (0-12)	College (1-4or		life.	Body W	retire	d)	vorking		elt-Em wns Au		yeed Owner Body	
	office of the vent,	Bec	17. Father's Nama (First, Middle, La	ist)						lame (First, Midd			100	ouy	
	Aents Aents tice	To	Raymond James	Brown					Ritta	a K. Gra	У				
	- 6 0 =	-	19e. Informant'a Name/Relationshi	o (Type, Print)		19b. Meili	ng Address (	Street		Rurel Route Nun	~	or Town, Ste	ete, Zip (	Code)	
	Mealth of Health of Hem 27 is		Marie Brown ( W	ife )		17 S	eward	Av	enue Ba	ltimore.	Mar	vland	2122	25	
	of He		Marie Brown (Wife)  20a. Method of Disposition 1 Disposition 3 Demoval from Stata  1 Seward Avenue Bal 20b. Place of Disposition (Name of cemetery, crematory or other place)							Date	Date 20c. Location - City or Town, State				
	nit. Page artment c ortant: If Injury or B.		4 Donation 5 Other (Spe		1					12/27/9	6 Ba	ltimor	e. N	Maryland	
	permit. Pages 1 Department of H Important: If the any Injury or ot once.		21. Sign ture of Funeral Sarvice Li			22	Nama and MCCU	Addre	ss of Facility Y Funera	al Home	of B	rookly	'n		
			23a. Part1. Enter the disease, or co	Kev	in E.	Ecker	237	E.	Patapso	o Ave.	Balte	o., MD		L225 Approximate	
	Physician		shock, or heart failure. List or	lly one cause on each	line.	DO HOL OIL	01 (110 (11000)	/ Gym	ig, such as card	iac or raspiratory	arrest,			Interval Between Onset and Death	
	/Medical		Immediate Cause (Final	a. Meta	tata	50	-61	200	m 1400 A	1				101-	
ı	Examiner		diseasa or condition resulting in death)	a. MECH				115	C. NO19	4			1	rears	
		Je.			Due to (or a	s a consec	luence of):								
	enmeate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying												
	ohysicial	/Medical	Cause (Disease or Injury that Initiated events resulting In death) Last	c	Dua to (or a	s a conseq	uence of):	-					İ		
	E O d	an/Me		d											
Annual Property	the attenthed for n	sicie	Pert tl. Other significant conditions	contributing to death i	but not resulti	na in the u	nderlylna cau	se giv	en in Part I.	23b. Di	d tobacci	o use contri	bute to t	the cause of death?	
the at the	2 2 2	by Physician										1/		ably 4 Unknown	
	peen	Completed b		•							as an auto formed?	psy 2	avail	e autopsy findings lable prior to pletion of causa eath?	
7 0 47	2 2	E								10	Yas 2	E No	10	10	
	certificate	Be C	25. Wes case referred to medical						28. Place of D	eath (Check onl)		4.10		100 4410	
- land	this certific ral director,	To	examiner? 1 ☐ Yes 200 No	Hospital: 1 ☐ Inpati	ient 2 EF	VOutpatien	t 3 DOA	Oth	or	Home 5 Re		6 □Other /	(Specify)		
			27. Manner of Death	28a. Date of Inju	ury 28	b. Time of		Injur		28d. Describ			Opedity/		
Amendian	death. ctor: After this certific y the funeral director,	atio	27. Manner of Death    28c. Date of Injury												
3	fter of his	Certification:	3 Suicide 4 Homicide  Could not be determined  28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify)  28f. Location (Street and Number or Rural Route Number City or Town, State)									Poute Number,			
the Monoites	within 24 hours after d Within 24 hours after d To the Funeral Direct completely filled in by	edicai (	29e. Certifler (Check only one)  1 Certifying I	Physician: To the best aminer: On the basis of and manner st	of examination	dge, death and/or inv	occurred et l	he tin my o <sub>l</sub>	ne, dete end pla- pinion, death oc	ca, end due to th curred at the time	e cause(s e, date an	) end manne d placa, and	er ss stat due to t	led. he cause(s)	
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1	>-0		Thuck !	Cleditor	18 1	1.0	. 1	0	026	4	12	bale	76		
	30		30. Name and address of person wh	o completed cause of	deeth (Item 23	Ba) (Type, I	Print)	_	1- :	Hippe !	110	19	-		
			1001/47 CP7	JENE 6	00 N		Wolf	e	5t, BA	(tipne,	MO	2113	77		
	Sta	te	31. Date filed (Month, Day, Year)	32. Registi	rar's Signatur	Lelle									

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene Q

	1	. Decedent's Neme (First, Middle, I				rtificate of	Death	2. Dete of D	Reg. No.	0 0	3. Time of Death
Physician		LOUISE	,		B	211		Month 12	Dey	Year	1 10 1 1
/Medical Examiner		e. Fecility Neme (If not Institution, g	ive street end numbe	er)	1		4b. City, Town, or			96 of Death	610 H.M
LAdillille		The T	ohns :	HOOK:	200	HX ortal	Ba	Hanne		N/A	
uneral	5	. Sociel Security Number 6.		Age (In yrs.	lest birthday)	If Under 1 Yee		8. Dete of B	irth		ece (State or Foreign
rector	1	217-05-4788 Suel Residence of Decedent	1□M 2⊠F	80	Yrs.	Months Deys	Hours Min	June	28 1916	GEORG	ece (State or Foreign try) IA
show stat		0e. Stete 10b. County		10c. City	y, Town or Lo	ocation				10	0d. inside City Limits
be northed at Director	1	MARYLAND N/A			BALT	IMORE C	ĮΤΥ				1 Nes 2 No ,
0 2 0	1	0e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Coun	try?
rer must		11 W. 20th Stree	t Apt. 1	3Q		212	18		U.S.	Α.	
1	1	Marital Status     Never Merried 2  Married     Married 2  Married     Married 3  Married     Married 4  □ Divorced	12. Wes Decede Armed Force 1  Yes 2 If Yes, Give Yeer or Dete	s? XINo		Was Decedent of If Yes, specify Cul 1 ☐ Yes 2 🛱 No	Hispanic Origin? (S ben, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	14. Rad Blee Specify	ck, White, e	etc.
deal Ev	+	15. Decedent's	Education		16e. Dece	dent's Usuel Occu	petion		16b. Kind of Bi	BLAC usiness/ind	
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To Be Comp		ınknown					unknow	n			
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or oth	20	Da. Method of Disposition	Domesial from Sto		lace of Dispo	sition (Neme of metory or other plant	l l	Dete	20c. Location -		
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any injury	2	Signeture of Funerel Service Light	frisee A	000			ess of Fecility W I	LLIAM C		COMMU	
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datached for use	Pe	ert II. Other significant conditions	contributing to deeth	but not resu	Iting in the u	nderlying cause g	iven in Pert i.	23b. Did	I tobacco uae co	ntribute to	the cause of death?
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Certification:		3 Suicide 6 Could not determined	28e. Piece of i	njury - At hor etc. (Specify)	me, farm, str	eet, fectory, office		28f. Location City or To	(Street end Numb own, State)	er or Rural	Route Number,
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State of Maryland / Department of Health and Mental Hygiene

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			9 REGEN	CY CT.							BALT	OMIT	RE		BA	LTIMO	RE
Г	Funeral		5. Sociel Security I		6. Sex 1 ☐ M 2 ☐ F	7. Age (la	n yrs. last birti		If Under Months	1 Year Days	If Under Hours	24 Hrs. Min,	8. Date of B	irth Day, Year)	9	9. Birthplace	e (State or Foreign
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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day Marjorie Jean Crook Dec 24, 1996 on of Death 4c. County of Death /Medical 11:50pm 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** Greater Baltimore Medical Center Towson Baltimore If Under 1 Yeer if Under 24 Hrs. Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Months Days Director 169-14-0589 Nov 19, 1919 New York Usual Rasidenca of Decadant the Maryland 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits "natural", or items 23a or 28a-f show Director 1 ☐ Yes 2 XNo Maryland Baltimore Cockeysville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 709 W. Padonia Road death by Funeral 21030 USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 XNo If Yes, Give Year or Dales: Baltimore, Maryland 21215-0020 1□ Yes 2XNo Specify: 3 Widowed 4 □ Divorced White Completed treumatic event, If a Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry nd Mental Hygiene. marked other than Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 4 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Sumeme) Be Pages 1 and 2 should be nent of Health end Mental Rufus Feidinand Duckworth Tillie Susan 19a. Informent's Name/Relationship (Typa, Print) 19b. Malling Address (Streat end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health er important: if item 27 is any injury or other treu once. 9 Stuart T. Crook/Son 14411 Cooper Road, Phoenix, MD 21131 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Burial 2 X Cramation 3 ☐ Removal from State 1996 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory Dec 27 Catonsville, MD 21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility Lemmon Funeral Home 10 W. Padonia Road, Timonium, MD Bryan W. Clary 21093 23a. Part 1. Enter the disease, or complications that disease shock, or heart failure. List only one cause on each list. the daath. Do not enter the mode of dylng, such as cardiac or respiretory arrest, Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed the burial-tran Sequentially list conditions, if eny, laading to immedieta cause. Entar Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Last pue P.O. Box 68760, for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? s been signed by to should be detact 1 Yes 20 No 3 Probably 4 Unknown Records, by Completed 24a. Wes an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of deeth? After this certificate has 1 ☐ Yas 2 No of Vital Be 25. Was casa refarred to medical examiner? 26. Place of Daath (Check only one) Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 2 ☐ funeral 27. Manner of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Division or Attending Netural Accident 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No after death Director: 8 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stete) à Placa of Injury - At home, farm, street, fectory, offica building, atc. (Specify) 4 Homicide withing 4 hours a
To the Funeral Completely filled Certifying Physician: To the best of my knowledga, death occurred at the time, dete and place, and due to the ceuse(s) and mannar as stated.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner steted. 29a. Certifier Medical (Check only one) 29b. Signature end-title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 12/26/56 of deeth (Itam 23a), (Type, Print) N. Charles ST, BALTIME MS CELANO, MO

State Registrar 31. Date filed (Month, Dey, Year)
DEC 2 7 1996

32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene 95

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					Cer	tificate of	Death		Reg. No.	, 0	07210
Dhurs		1. Decedent's Name (First, Middle, L	ast)					2. Date of D	eath	Vac-	3. Time of Deeth
Physic /Medi		RALPH KEEN	W.	СН	ENOWE	ETH		Month Decemb	Day	Year 1996	2.10 724
Exami		4e. Facility Name (If not institution, ga			BITOME	3.1.1	4b. City, Town,	or Location of Dee		ty of Deeth	2:10 PM
		8624 Drumwood Rd					Towso	nn .	Ba	ltimo	ro
Funerai		-		Age (In yrs. lasi	t birthday)	If Under 1 Year	If Under 24 h	Irs. 8. Date of B	irth		piece (State or Foreig intry)
Director		218-12-0824	1⊠M 2□F	74	Yrs.	Months Deys	Hours N	May 5		Cou	
		Usual Residence of Decedent		/-3				May J,	1344		Md.
a or 28a-f show		10a. State 10b. County		10c. City, T	Town or Lo	cation					10d. Inside City Limits
E E	tor	Md. Balt	imore	Tow	COD						1 ☐ Yes 2 N
128	Director	10e. Street and Number	LINOLE	TOW	3011	10f. Zlp Code			10g. Citizen o	f What Cou	ntry?
Sa o		8624 Drumwood Rd				21286			IIC	70	
Examiner must	Funeral	11. Marital Status	12. Was Decede	nt Ever in U,S.	13. V	Vas Decadent of I	Hispanic Origin?	(Specify Yes or N	US lo- 14. Re	eca - Ameri	can Indian,
E .	F	1 Never Married 2 Married	Armed Force		- If	Yes, specify Cub	en, Mexican, Pu	ièrto Rican, etc.)		eck, White,	etc.
edical Exam	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dete		1	☐ Yes 2 🔀 No	Specify:		Spec		24.
88	Pe	15. Decedent's E	ducation	1	6e. Deced	ent's Usual Occup	pation		16b. Kind of		ite
Tre Medical	Completed	(Specify only highest gi	ade completed)		(Give I	kind of work done OO NOT use retire	during most of v	working			
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1	O	17. Fether's Name (First, Middle, Las	t)		1001	& DIE Me		Name (First, Middle	TOOL		
	00	Harry K.	Cha	noweth							
	To	19a. Intormant's Name/Relationship			10h Mallin	a Addresa /Ctma	Elenore	E . Rurel Route Num		Braue.	
		Mrs. Betty Lou Cl						wson, Md		n, Stete, Zij	5 Code)
9000		20e. Method of Disposition	iciiowecii/			sition (Name of	. Ku. 10			Oliver T	
		1 Burial 2 Caremation 3 [	Removal from Sta	ch course	etery, crem	atory or other pla	ce)	Date	20c. Location	1 - City or Te	own, Stete
		4 ☐ Donetion 5 ☐ Other (Special	fy)	Hill	top S	ervice C	orp.	12/30/96	Tows	on, Me	d.
once.		21. Signature of Funeral Sandon Co.	Letter VI			Name end Addre		mal 17-m-	T		
ā		Come de	Alle	-				ral Home			
		23e. Part1. Enter the disease, or conshock, or heart failure. List only	plicetions thet caus	sed the death. [	Do not ente	or the mode of dyi	ng, such as card	diac or respiratory	errest,	T	Approximate Interval Between
an al er		Immediate Cause (Final disease or condition resulting in death)	a. END S	TAGE (0)	NGESTI	IVE HEAR	T FALLUR	26			
c)	ner	reserving in deservy		Due to (or as	a consequ	uence of):					
	Examine	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b. ————	Due to (or as	e consequ	uence of):					
	edical	Cause (Disease or injury that initiated events	C	Due to (or as	0.000000	anna aft.					
	/Medi	resulting in deeth) Lest		Due to (or as	e consequ	derice or,					
	ian		d							1	
detacried for us	Physician	Part II. Other eignificant conditions	contributing to death	but not resultin	g in the un	derlying cause gi	en in Pert I.	23b. Dic	I tobacco use c	ontribute t	o the cause of death
	Phy							10	Yee 2□ No	3 Pro	bably 4 Unknow
	by							-			
	Pe							24a. Wa	s an autopsy formed?	24b. W	ere autopsy findings valleble prior to
	pie							-		CO	ompletion of cause deeth?
	Completed							1□	Yes 200 No	11	□Yes 20040
	0	25. Wes case referred to medical					Of Diago of F				2100 212110
	0	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	tion of the	/Outpatient	3□ DOA Oth	or:	Death (Check only			
	-	27. Manner of Death	1 ☐ Inpa 28a. Date of In		b. Time of	3LI DOA	4 LI Nursing	Home 5 Thes	how injury occu		<i>y</i> )
	ation	1 Meturel 5 ☐ Pending investigetto	(Month, L	Day Year)	Injury	28c. Injui Wo M 1□	k? Yes 2□No	200. 2001/20	now injury occi	iii eu	
	Certification:	3 Sulcide 6 Could not be determined	200. Piece of I	Injury - At home etc. (Specify)	, ferm, stre	et, factory, offica			(Street and Num own, State)	ber or Rure	al Route Number,
	edicai C	Check only 2 Medical Exal	yaician: To the bes	of examinetion	dge, deeth	occurred et the til	ne, dete end ple	ece, and due to the	cause(s) end n	nenner as e	iteted. o the cause(s)
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complately lined it by the fulleral	77.2	29b. Signeture and title of certifier	lan			29c. Licens			29d. Date sign		Day, Year)
		/Spotoghedalie	(2)			121.	198		12-26-	96	
		30. Name end eddress of person who	completed cause of	death (Item 23	e) (Type, F	Print)					
		G. FOBERT MEDALLE, M.	D, 6565 N.	CHAPLES SI	T, 84, 1	na 21204					
Sta	te	G. POBERT MEDALE, M. 31. Dete filed (Month, Day, Year)  DFC 2.7 1996	9 "32. Regis	strar's Signature	delle				^-		
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State Registrar 31. Data filad (Month, Day, Yaar)
DEC 2 7 1996

Herman Junker M.D.

29b. Signature and tiple of certifier

32. Registrar's Signatura

Julia Savidson Rendall

30. Nama and addrass of person who competed causa of death (Item 23a) (Type, Print)

29c. License number

9000 Franklin Square Drive Baltimore, Maryland

RD2120

29d. Data signed (Month, Dey, Year)

December 23, 1996

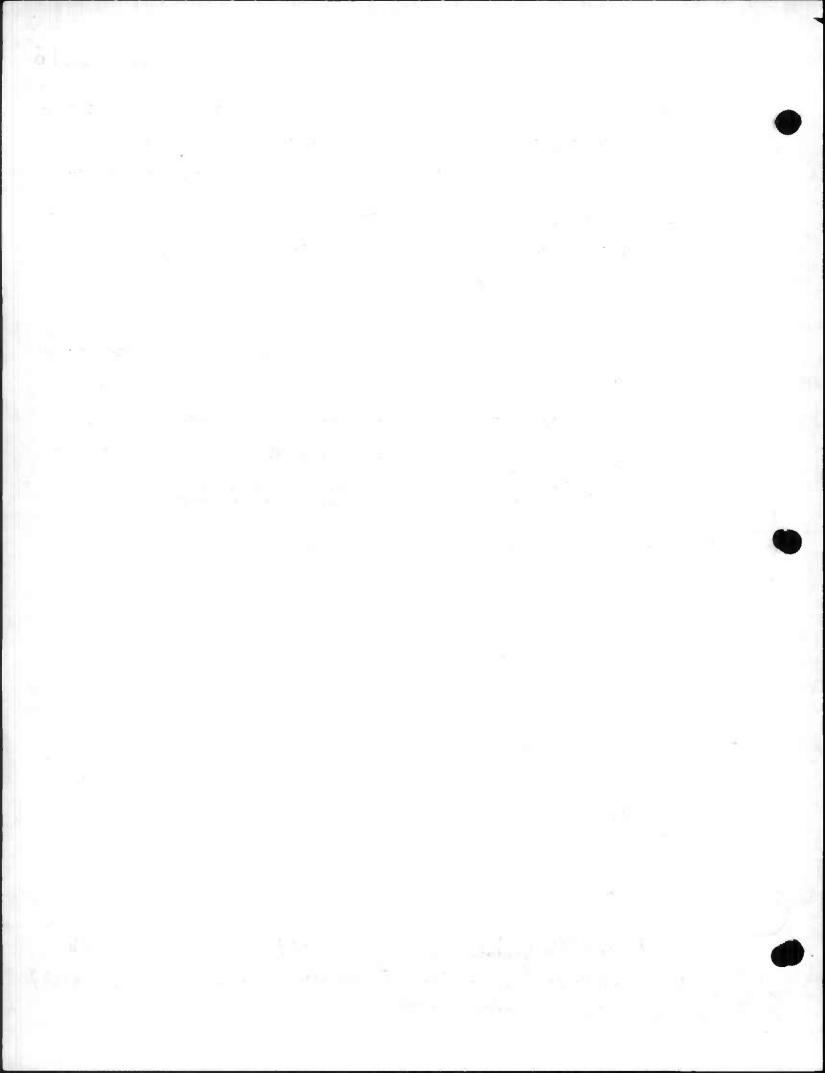
DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Daeth 3. Tima of Daath Month Day **Physician** DEC. MACE COHEN 23,1996 7:35 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 7921 WINTERSET AVE. BALTIMORE BALTIMORE 8. Deta of Birth (Month, Day, Year) Oct. 21,1919 5. Social Sacurity Number if Undar 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral**  Birthplace (Stata or Foreign
Country) Deys Min. 1 M 2 □ F Months Hours 212-16-5471 77 Yrs Director MARYLAND Usual Rasidance of Dacedent 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner rount be notified at Director 1 Yas 2 No MARYLAND BALTIMORE BALTIMORE 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? ò 7921 WINTERSET AVE. 21208 238 USA 2 should be filed within 72 hours after death and Mental Hygiene.
Is marked other than "natural", or items 23. Funeral 11. Marital Status 12. Was Dacedant Evar In U,S. Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Armed Forces?

1 Yes 2 No
If Yas, Giva
Yeer or Detes: Bieck, Whita, atc. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No þ Specify: 3 Widowed 4 Divorcad WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) REALTOR 12 REAL ESTATE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be permit. Pages 1 and 2 should be Department of Health and Mental Important: If frem 27 is marked ( any injury or other traumatic ev 2002). **JAMES** COHEN **EVA CROOK** 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 7921 WINTERSET AVE. MRS. SHIRLEY COHEN (WIFE) BALTIMORE, MD 21208 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 🕅 Buriai 2 □ Cramation 3 □ Removel from Stata ARLINGTON (CHIZUK AMUNO) 12/24/96 BALTIMORE, MD 4 ☐ Donation % ☐ Other (Specify) 21. Signature of Funeral Service Lice 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part 1. Entar tha diseasa, or complications that caused the death. Do not antar the mode of dying, such es cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** Non Small Cell Lung Caucer Immediata Causa (Finel disaasa or condition rasulting In daath) /Medical Examiner Dua to (or as a consequence of) physician and the buriel-transit that the death certificate be executed Physician/Medical Exami Sequantially list conditions, if eny, leading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated avants Dua to (or as a consequence of) Box 68760, Dua to (or as e consequence of) rasulting in daath) Lest 88 use ed by the a o Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco uss contributa to the cause of death? signed by t ئە 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records. by The law requires 24b. Wara autopsy findings avelleble prior to complation of cause of daath? Completed 24a. Was an autopsy performed? page 2 20 No certificate 1 Yas 1 ☐ Yes 2 ☐ No Physician: 25. Was casa rafarred to madical axaminar? Be 26. Placa of Death (Check only ona) 1 Yas 2 100 Hospital: 2 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? After or Attending 5 Panding investigation 1. Natural after deeth. 1 Yas 2 No 2 Accidant the 6 Could not ba 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 4 - Homicida Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data end place, and dua to tha causa(s) and mannar as stated. Medical 29a. Cartifian 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) Dand S. Etting 23 ed causa of daath (Itam 23a) (Type, Prof)
1. A The Johns Hopkins Chology Center 30. Nama and addrass of person who comple 2 DAVID S. ETTINGER 32. Registrar's Signatura 31. Data filed (Month, Day, Year) State DEC 27 1996 Registrar

DHMH 16 Ray 6/95



39217 State of Maryland / Department of Health and Mental Hygiene 95

					Certific	cate of	Death			Reg. No.		75611
Phys	cian	1. Decedent's Neme (First, Middle, La.						2.	Dete of De Month	eth Dey	Yeer	3. Time of Deeth
/Me		HARRY C.		CUSTIS					ecembe	r 22,1	996	3.25p
Exan	iner	4e. Fecility Neme (If not institution, given STELLA MARIS HO		MEDOV HO	CD		4b. City, Town, o		ion of Deeth			-
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how		10e. Stete 10b. County		10c. City, Town	or Location	1					11	0d. Inside City Limits
fiffed	ctor	MARYLAND N/A		BALTIM	ORE C	ITY	_					1 Yes 2 No
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238		1524 N. CAROLINE				212				U.S.A	•	
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9	by F	1 XNever Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 🟋 If Yes, Give Year or Detes:	10	1 □ Y	es 2 No	Specify:			Specify	BLA	CK
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	P	HARRY J. CUSTIS	<u> </u>	Ť					HAMPLI			
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ial or attending physician. for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by th	led in by the funeral director, page 5 should be di, or removal.	medical examiner must be notified at o
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO WHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leat)  GRESHAM C, DOWNS				2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH 9:30 Am
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	December 2		9:30 Am
	ALT OF SALES		MONTHS DAYS	HOURS MIN.	June 19, 1	Coun	Md.
	9e. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF	DEATH
DIRECTOR	Wesley Home		Baltin	nore		N/A	
JEC.	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
DI	Md. N/A	В	altimore	2			LIMITS?
IAL	10e. STREET AND NUMBER		100	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2211 W. Rogers Ave.			21209		USA	
F	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	If yes, sp	cify Cuben, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.)	or No- 14. RAC	E — American Indian, ck, White, etc.
В	3 ☑ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATE	ES	1 TYES	2 NO Specif	ly:	Spec	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S U	JSUAL OCCUPATION done during mo	ON all of warding	166. KIND OF BUS	HNESS/INDUSTRY	WILLCE
9	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use	retired.)	of working			
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		ift		1417	AME (First, Middle, Maiden		h a
BE	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street a	Sara	Anne Route Number, City or Town	Gres	nam
잍	Mr. Walter M. Downs/son				therville,		03
	20e. METHOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State	LACE AND DATE O	F DISPOSITION (No	me of		CATION — City or To	
1	4 Donation 5 Other (Specify) Bal	ery, cremetory or oth	National	1	2/30/96 Ba	altimore	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSIA			D ADDRESS OF FA	CUTY Funeral Hor	me. Inc	
	Dane De la	-			Towson Md.		
	23. PART I. Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on asc IMMEDIATE CAUSE (Final	he deeth. Do no h ilne.	ot enter the mo	de of dying, suc	ch as cardiac or reapli	ratory arrest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)  a. ACUTE  DUE TO (OR AS A C	RESPI	RATORY	FA	LURE		ACUTE
,	Sequentially list conditions		):				1 111/0-11
	Sequentially list conditions, if any, leading to immediate	ONSEQUENCE OF					MEEK
RTIFICAT	cause. Enter UNDERLYING CAUSE (Disesse or injury						
	that initiated events resulting in death) LAST	ONSEQUENCE OF)	:				
E	d						
AL	PART ii. Other aignificant conditions contributing to death but	not resulting in	the underlying	cause given in	Part i. 24a. WAS AN A		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC					1 TES 2		COMPLETION OF CAUSE OF DEATH?
					/		1 pps ya NO
SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL 28.	PLACE OF DEATH		UNCERTAI	ИП		10/ 17
5	EXAMINER?  1 YES NO HOSPITAL: 1 Inpetient 2 ER/Oulpeth		QTHER:				$\sim$
PHY	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	JRY AT	8 Other (Specify) 28d, DESCRIBE HOW IN	JURY OCCURED	
BY	1 Netural 5 Pending (Month: Disp fear) 2 Accident Investigation	INJU	RY WO				
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building, stc. (Specify)	At home, ferm, at	reet, factory, office		28t. LOCATION (Street e. City or Town, State)	nd Number or Rural i	Route Number,
ETED	4 Homicide determined						
4	29e. CERTIFIER (Check only one)						
COMPLE	2 MEDICAL EXAMINEH: On the basis of examination e	nd/or investigation	, in my opinion, de	ath occured at the	time, date end place, end	due to the cause(	e) end manner ea stated.
W .	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	1 /77514 0		D- 194	25	12/2	26/96
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, 1		Paris	RS AVE	2/2	29
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU			ruge	S MAR	216	,07.
	DFC 2 7 1996 " widson-A	Indelle					

State of Maryland / Department of Health and Mental Hygiene 96

					Certificate	of Death	Reg	J. No.	0 03	220
Physici	an	1. Decedant's Nama (First, Middla	, Last)	10.0			2. Data of Death Month		3. 1 Yaar	Tima of Death
/Medic		ANNA	M	DIFAT	TA		DECEMBI	-	,1996	9:00PM
Examir		4a. Facility Nama (If not institution,				4b. City, Town, or L		4c. County		J. 00111
		SAINT JOSEP				TOWSON, M.	ARYLAND	BAL	TIMORE	
uneral Prector		5. Social Sacurity Number 217-54-1059 Usual Residence of Dacadant	6. Sax 7. Ag	a (In yrs. last birtho	Months D	aar If Undar 24 Hrs. ays Hours Min.	8. Data of Birth (Month, Day, )	(ear) 1911	9. Birthplaca (Country)	Stata or Foraign
or 28a-f show	Director	10a. Stata 10b. County Mayland Batt	more	Park V	r Location					sida City Limits
De n	Dire	10e. Straet and Number	Ano		10f. Zip Co	da 211	100	Citizan of	What Country?	
Items 23a	eral	11. Marital Status	12. Was Dacedant	Ever in II C	X/a	of Missas la Origina (Fr	posific Ves or No	U- 5	S - Amarican Ind	line
8	by Funeral	1 □ Navar Married 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	Armed Forcas?		If Yas, specify (	of Hispanic Origin? (Sp Cuban, Maxican, Puarto No <i>Specify:</i>	Rican, atc.)		ck, Whila, atc.	mari,
"netural", edical Exp	ted	15. Decedant's	s Education	16a. D	ecedant's Usual O	ccupation	16	6b. Kind of B	usinass/Industry	2
tem 27 is marked other than "natur other traumatic event, me Medical	Completed	(Specify only highast	Collega (1-4or 5	- In	e. DO NOT usa re	ona during most of work atired)	ang	Ha	Me	
is marked other than raumatic evant, ma Mi	Be	17. Father's Nama (First, Middla, L	agi)		CHAM	18. Mothar's Nam	a (First, Middla, Ma	ridan Suman	na)	
s mark	To	19a. Informant's Neme/Ralationshi	n (Type Print)	19h M	lailing Addrage (Ct	raat and Number of Ru	TI Pouto Number	Mu	RU State The Code	
27 is r trau		Sonte Wita	H3	00	29 AVA	Aco Pa	ar House vumber, C	MBBO	MA Coda,	
		20a. Method of Disposition		20b. Placa of D	isposition (Nama o	follocal / Co.	Data 20 20	c. Location	City or Town, St	ata
		1 ■ Burial 2 □ Cramation 3 4 □ Donetion 5 □ Other (Spe	Ramoval from Stata ⇒cify)	Quanty		moeig alen	19910 11	msi III	IM Ma	pulson
Important: I any injury o		21. Significa of Funeral Services			22. Nama and Ad	ddrass of Facility	ans Chap	sel of	Wence	W8
		22a Part Enjastha diagona	Drac D	the death Death	8800 F	Jartord K	d Balte	more,	Ma 21	234
		23a. Part1. Eniar the disaasa, or b shock, or haart failura. List or	nly one causa on each lin	tha daath. Do not ne.	antar tha moda of	dying, such as cardlac	or raspiratory arras	t,	Intarv	oximata ral Between t and Death
rsician ledical aminer		Immediata Cause (Finel disaasa or condition rasulting in daath)	CONGES	TIVE HE	ART FAI	LURE				EARS
	e	Todating in odding		Dua to (or as a con						
ansit	Examiner	Commentative House and Alexander	D	IC NEPH					YE	EARS
an en riel-tr		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		C ATRIA	,	LLATION			VE	EARS
physician end s the buriel-transit	Medical	Causa (Disaasa or injury that initiated events rasulting in daeth) Last	C	Dua to (or as a con						
			d							
the a	Physician	Part II. Other significant condition	a contributing to death bu	it not resulting in th	a undarlying cause	givan in Part I.	23b. Dld toba	occo usa co	ntribute to the ca	ause of death?
ed by the a							1 □ Yes	2□ No	3 Probably	W Unknown
5.5	Completed by	9 1					24a. Was an a			opsy findings prior to on of causa
ate hes	dwc							. 17	of death?	
ficate or, pa	Be Co	25. Was casa rafarred to medical				OR Diseased Day	1 Yas	2 No	1 🗆 Yas	2M No
	-	axaminar?	Hospital:	nt 2□ ER/Outpa	tient 3 DOA	Other	n <i>(Check only ona)</i> ma 5 ☐ Rasidano		ar /Snaciful	
		1 ☐ Yas 2 🗶 No		" FF FLAAAIDa	WOOL OF DOW	- Indiania Ho				
S in	2	27. Mennar of Death	28a. Data of Injur		a of 28c. I	njury at	28d. Dascribe how	injury occur	red	
S G	2	27. Mennar of Death  1 XNatural 5 Panding 2 Accidant invastiga	28a. Data of Injur (Month, Day	Year) 28b. Time Injur		njury at Work? 1 □ Yas 2 □ No	28d. Describe how	Injury occur	red	
ector: After this by the funeral di	2	27. Mennar of Death 1 XNatural 5 ☐ Panding	28a. Data of Injur (Month, Day	Year) Inju	М	I □ Yas 2 □ No	28f. Location (Stras City or Town, S	at end Numb		a Num <i>ber</i> ,
ector: After this by the funeral di	Certification: To	27. Mennar of Death  1  Natural 2  Accidant 3  Sulcida 4  Homicide  29a. Cartifiar  27. Mennar of Death 5  Panding investiga 6  Could no datamin	28a. Data of Injur (Month, Day to be ed 28a. Pleca of Injurbuilding, etc  28a. Pleca of Injurbuilding, etc  28a. Pleca of Injurbuilding, etc	r Year) Injury  Iny - At home, farm,  (Spacify)  Iny knowledga, de axamination end/or	M street, factory, offi	1 ☐ Yas 2 ☐ No	28f. Location (Strac City or Town, S	at end Numb	per or Rural Routs	
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he Funeral Director: After this pletely filled in by the funeral di	redical Certification: To	27. Mennar of Death  1 Natural 2 Accidant 3 Sulcida 4 Homicide  29a. Cartifier (Check only one)  27. Mennar of Death 5 Panding invastiga 6 Could no datamin	28a. Data of Injur (Month, Day to be ed 28a. Pleca of Injurbuilding, etc  28a. Pleca of Injurbuilding, etc  28a. Pleca of Injurbuilding, etc	r Year) Injury  Iny - At home, farm,  (Spacify)  Iny knowledga, de axamination end/or	street, factory, offi	I Yas 2 No ca a time, data and placa, ny opinion, deeth occurr	28f. Location (Strat City or Town, S and due to the caused at the time, date	at end Numb Stele) sa(s) and ma and place,	per or Rural Route annar as stated. and dua to tha ca	nuse(s)

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

9.14.57

Pages 1, 2, 3 should

permit.

page 5 should be detached for use as the burial-transit

filled in by the funeral director,

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certificate has been signed by the attending physician and completely in the State Dept. of Health and Mental Hygiene prior to burial, cremative

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF OEATN 3. TIME OF OEATH 1996 Margaret Deichert DEC 7:48 P.M.M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) March 3,1906 IF UNDER 24 HRS. IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign 216 09 4320 1 🗌 M 2 🔯 F IONTHS DAYS HOURS 90 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Holy Cross Hospital DIRECTOR Silver Spring Montgomery RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 1 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2101 Farland Road 20904 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. ff yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 X Widowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 (unknown) Yanker (Unknown) BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Howard Deichert 670 Southwest 5th Street Boca Raton, Fl. 33486 pe 20e. METNOD OF OISPOSITION
1 M Burlel 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Lorraine Park Cemetery 12/26 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. mus Baltimore, Md. 21225 medical 23. PART I. Enter the diseases, or Con plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ da resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? amy 1 - YES 2 X NO shows a 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inputient 2 ER/Outputient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 26d, DESCRIBE NOW INJURY OCCURED Natural DIRECTOR: After to hours after death vitem 28 is mari 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF fNJURY — At home, farm, streef, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner on stated. 20 TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(a) and menner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED /Moven. 1996 2

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene  $9\,6$ 

						Ce	ertificat	e of	Death		R	eg. No.			
	Physic /Medi		1. Decedant's Name (First, Middle Anna P. DeF	elice						Da	Data of Deal Month	Day 199		3. Time of Death	
?	Exami	ner	4a. Facility Nama (If not Institution  Meridian Nursing	n, giva street and number Genesis Elder					4b. City, Tov		ion of Death	4c. Count	y of Death		
	Funeral Director		5. Social Security Number 217–09–3131			last birthda Yrs.	() If Unda Months	Days		24 Hrs. 8. Min. 6/	Data of Birth Month, Day, 29/19	O'7	9. Birthp Court Pa •	laca (State or Foreign try)	7
	Manyland and ahow	tor	Usual Rasidence of Decedent  10a. State 10b. County  MD n/a			y, Town or Limor							1	0d. Insida City Limits 1   Yes 2 □ No	
	h with the	al Director	10e. Street and Number 601 S. Newkirk	Avenue			10f. Zip 212	Code 224			1	0g. Citizen of USA	What Coun	try?	
020	within 72 hours after death with the Maryland jene. Then "natural", or ferms 23s or 28s-f show the Medical Examinat must be incidited at	by Funeral	11. Marital Status  1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ Divorced	If Yas Giva	s? ☑ No	,S. 13	. Was Dece if Yes, spe 1  Yas	cify Cul	Hispanic Orig ban, Maxican Specify:	aln? (Specify , Puerto Rica	Yes or No- an, etc.)		ca - Americ ick, White, y: Whi	etc.	
15-0	n 72 hours "natural",	Completed		t's Education st grada completed)		(Giv	edant's Usu a kind of wo DO NOT u	rk done	during most	of working		16b. Kind of E	usiness/Inc	lustry	
212	d within giena. rr then	omo	Elamentary/Secondary (0-12)  5th	Collaga (1-4o	r 5+)	Homemaker						In Own	n Home	2	
Maryland 21215-0020	Mental Hygie Arked other artic event, T	To Be	17. Fathar's Name (First, Middla, Joseph Prato		18. Mother's Na Catheri							na)			
Many	and and and and		19a. Informant's Name/Ralations	SUI	ı							, City or Town		Code)	
Baltimore, I			Albert DeFelice  20e. Mathod of Disposition  1 XBurial 2 Cramation  4 Donation 5 Other (S	3 □Ramoval from Stat	20b. F	iaca of Dis	Forgosition (Name and tory, or of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	ma of			Data	21120 20c. Location altimore	- City or To		
Balti	pemit. Pages 1 an Department of Haal Importent: If Item any injury or other once.		21. Signature of Funeral Service							_				Funeral H	Ir
0,0	Wedicate be executed in physician and as the burial-transit	Examiner	Immadiate Ceusa (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	e. /+[7			equence of):	126	ટલે <b>ન</b>						
ox 68760,	ip ig	an/Medical	Cause (Disease or injury that initiated evants resulting in daath) Last	d	Dua to (o	or as a consequanca of):									
, P.O. B	es that the death or igned by the atten be detached for u	by Physician	Part tt. Other significant condition	ns contributing to death	but not res	ulting In tha	undarlying o	ausa g	iven in Part I.		23b. Dld to	10		the causs of death?	
Records,	aw requires to been so	Completed b									24a. Was a perform		SV8 COI	ra autopsy findings illable prior to npiation of cause leath?	
	F se		25. Was case rafarred to medical						OR Disease	-10	1 🗆 Ya	(	10	Yas 2000	
of Vital	S 0 0	To Be	exeminar?	Hospital: 1 ☐ Inpa	tient 2	ER/Outpation	ent 3 DC	DA O	4		theck only on 5 ☐ Raside	nce 6 Otl	nar (Specify	')	
	Attending Ph ar death, ector: Affar th by the funeral		27. Mannar of Deeth  Natural 5 Pandin  Accidant invastig		jury ay Year)	28b. Tima Injury	of 2	8c. Inju		28d.		w injury occu			
Division	s after deat I Director: ed in by the	Certification:	21 Accident 3 Suicide 6 Could not be datarmined 4 Homicide 28a. Place of injury - At home, farm, streat, facto building, atc. (Specify)							28f.	Location (St City or Town		ber or Rura	Route Number,	
	The Hospital or Attending Phin 24 hours after death. The Funeral Director: After this plately filled in by the funeral	edical	29a. Certifiar (Check only one)  Certifyin  Certifyin  Condition	g Physician: To the bes Examiner: On the basis and mannar s	or axamina	wiedga, daa tion and/or i	th occurred nvastigation	at tha t , in my	ima, data and opinion, daati	place, and h occurred a	due to tha ca it tha tima, da	ause(s) and mate and place,	annar as st and dua to	ated. tha cause(s)	
(	D.0	×	29b. Signature and titla of certifier	1			290	. Licen	sa number 413	79	2	9d. Date signe	27/8	Day, Year)	
	40		30. Name and addrass of person	who completed cause of	death (Itam	23e) (Type	, Print)	1	neri	dif	910	NU.	15/1	VG	

7 K, A. . . .

State of Maryland / Department of Health and Mental Hygiene 96

					Certificate	of Death		Reg. No.		07220
Dhyei	-lon	1. Decedent's Neme (First, Middle,	Last)				2. Dete of De Month	eath	Voor	3. Tima of Death
Physic /Med		Ruth Nao	ma DePa	squale			Decemb	er 25 1	996	2:10 pm
Exam		4a. Fecility Neme (If not institution,	give street end numbe	r)		4b. City, Town, or	Location of Deat	h 4c. Count	y of Deeth	
		Multi Medica				Towson		Balti	more	Co.
"Funera Directo	_	5. Social Security Number 218-01-4639 Usual Residence of Decedent	. Sex 7. A	Age (In yrs. lest bii 76		Year if Undar 24 Hrs Days Hours Min		1920	9. Birthp Cour Mar	plece (Stete or Foreign ntry) y l and
show		10a. State 10b. County		10c. City, Tow	n or Location				1	Od. Inside City Limits
the M	rector	Maryland N,	'A	Baltin	nore	ode		10g. Citizan of	What Cour	1 ⊠ Yas 2 □ No
ath with	Funeral Director	6401 Loch Raven		pt. 437	2123	9		United	Stat	es
20 s effer or its	by	11. Marital Stetus  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 ☐ Yes 2 🔀 If Yes, Give Yaar or Detes	;? ] No	13. Was Deceden If Yes, specify  1 Yas 2 🌣	of Hispanic Origin? (Structure of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court	Specify Yas or No to Rican, etc.)		ce - Americ ck, White,	etc.
72 hours	Completed	15. Decedent's (Specify only highest t	Education grada complated)	16e.	Decedent's Usuei C	done during most of wa	orkina	16b. Kind of B	usiness/In	dustry
within within than	Idm	Elementery/Secondery (0-12)	College (1-4or	5+)	life. DO NOT use i	retirad)		0 11.		
ther the		17. Fether's Neme (First, Middle, La	-41		Homemaker			Own Ho		
aryland 212: should be filed withir nd Mental Hygiene. marked other than imatic event, the M	Be		elong			Mamie	me (First, Middle	, <i>meiden Sum</i> ar I <b>it</b> h	ne)	
aryla should and Men marke umatic	5	19e. Informent's Neme/Reletionship		106	Mailing Address (S	Street and Number or R			Canal Tin	0-4-1
tore, Maryland 212 ges 1 and 2 should be filed withi t of Health and Mental Hygiene. If Item 27 is marked other than or other traumatic event, Inc.		Mrs. Antoinette M. L					l Air, Mar		1014	(0009)
re, N s 1 and l Health tem 27		20e. Method of Disposition	and 03/baugit	20b. Place of	Disposition (Neme	of	Dete Dete	20c. Location		own, Stete
IT G G T		1 🕅 Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe	city)	Morelan		Park	12/28/96			
Balt permit. Depart Importa any inje		21. Signeture of Funerel Service Lic	ensee Brian A. Llem	Willem		Addrass of Fecility Lex	onard J. R Baltimore			
1 2 3		23a. Part1. Enter the disease, or co shock, or heert fellure. List on	mpilcations that couse	d tha daath. Do	not entar the mode o	of dying, such as cerdie				Approximete Interval Between
Hecords, P.O. Box 68760,  The law requires that the death certificate be executed to have been signed by the attending physician and page 2 should be deteched for use as the burial-transit	Examiner	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events	e	Due to (or es e	consequence of):	ACHYCAR				
Box 68 atth certificat attending phy for use es the	n/Medical	resulting in deeth) Lest	d	Dua to (or es e o	consequence of):					
death death od for	lcia	Pert II. Other significant conditions	contributing to death	but not resulting in	the underlying caus	se given in Pert I	23h Did	tobacco use co	ntribute to	the cause of death?
that the death cered by the attendin	/ Physician		<b>3</b>			o good ar roje i.	1 🗆	.1		bably 4 Unknows
Hecords, In the law requires the has been signed age 2 should be de	Completed by							en eutopsy ermed?	COL	ere eutopsy findings alleble prior to mplation of causa deeth?
He law te has	Eo						10	Yes 2XNo		Yes 2□ No
	0	25. Wes case referred to medical	T			26. Place of Dec	eth (Check only o	•		2010
Of VICE Physician: rithis certific real director,	To B	exeminer? No	Hospitel:	iant 2 ER/Ou	tpetiant 3 DOA	Other: % 4	lome 5 ☐ Rasio		er (Specifi	y)
Attending Physic death.  ector: After this by the funeral di		27. Manner of Deeth 1 Naturel 5 Pending 2 Accident investigeti	28e. Dete of Inju			Injury et Work? 1 Yes 2 No		now Injury occur		,
VISION The Attending Hist death. Director: After	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	286. Piece of in	ijury - At home, fe tc. (Specify)	rm, street, factory, of	ffice	28f. Location (S City or Tox	Street end Numb vn, Stete)	per or Rura	i Route Number,
A Florence House	edical (	29e. Certifier (Check only one) 1 Certifying F	hyalcian: To the best miner: On the basis of end menner si	ot examinetion end	, deeth occurred et the	he time, date end plece my opinion, deeth occu	e, end due to the urred et the time,	ceuse(s) end mo dete end plece,	enner as st end due to	eted. the ceuse(s)
To the	M	29b. Signeture and title of certifiar	ud-Ph	Isicia	n 29c. Li	39758	3	29d. Date signe	- 4	17.1
3		30. Neme and address of person who	completed ceuse of	deeth (Item 23e) (	Type, Print)	59. Dri	ve, Br	HCTO., K	JD.	,21237
Sta Regist	ate rar	31. Dete filed (Month, Day, Year)		rer's Apatus M	2					

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39224

1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month MICHAEL THOMAS ELSTON DEC. 25, 1996 4:00 PM /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
Nov. 28, 1956 600 CHESTNUT HILL AVE. N/A5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1⊠M 2□ F 404-86-7860 40 Yrs Director Kentucky Usual Rasidence of Decedent 2 should be filed within 72 hours after death with the Meryland n end Mental Hygiene.
Is marked other than "natural", or flems 23a or 28a-f show 10a. Sfate 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1X Yes 2 □ No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 625 E. 37th Street 21218 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas?

1 Dives 2 No 976 - Year or Dates: 1984 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, atc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 TrNo Specify: White þ 3 ☐ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Electrician 12 Electrical Company 17. Father'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumame) Be John Kirby Elston, Sr. Joann Embry P 19a. Informant'a Name/Relationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Pages 1 and 2 ment of Health of Health Bealeton, VA 22/12
Date 20c. Location - City or Town, State other t 4287 Phoenix Road Donna Lynn Duncan/sister 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) permit. Pages Depertment of Important: If it any Injury or o 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State Metro Crematory, Inc. 4 ☐ Donafion 5 ☐ Othar (Specify) 12/27/96 Baltimore, MD 21. Signature of Funeral Service Licensee Pawn F. McDonald Cremation Society of Maryland, 299 Frederick Road Baltimore, MD 21228 23a. Part1. Entar the diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one causa on each line. Approximate Interval Between Onsat and Death Physician /Medical SHOTGUN WOUND Immediate Causa (Final TUMBORDL disaase or condition rasulting in death) **Examiner** Examiner The law requires that the death certificete be executed Sequantially list conditions, if any, laading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of): signed by the et id be deteched fo Part II. Other significant conditions confributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? -PARMOL

certificate or Attending Physician: Be Certification: To this

25. Was cese referred to medical

5 Panding

Investigation

6 Could not be determined

examiner?

27. Manner of Death

1 Naturai

2 Accidant

4 Homloide

29a. Certifier

After Director: /

To the Hospital o within 24 hours eff To the Funeral Di completely filled in Medical State

Registrar

Medical Examinar: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie

29c. License number

28c. Injury af Work?

1 Yes 2 No

O.C.M.E.

26. Place of Death (Check only ona)

Other: 4 Nursing Homa 5 Residence 6 Nother (Specify) SCENE

28d. Describe how Injury occurred

Sussour

29d. Date signed (Month, Day, Year) DEC. 26, 1996

600 CHESTOUTHINDUS BOUTHONS HA

28f. Location (Street and Number or Rural Route Number, City or Town, State)

SHOT SEVE

30. Nama and address of person who completed cause of death (Item 23a) (Typa, Print)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

PARK

28b. Time of injury

28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

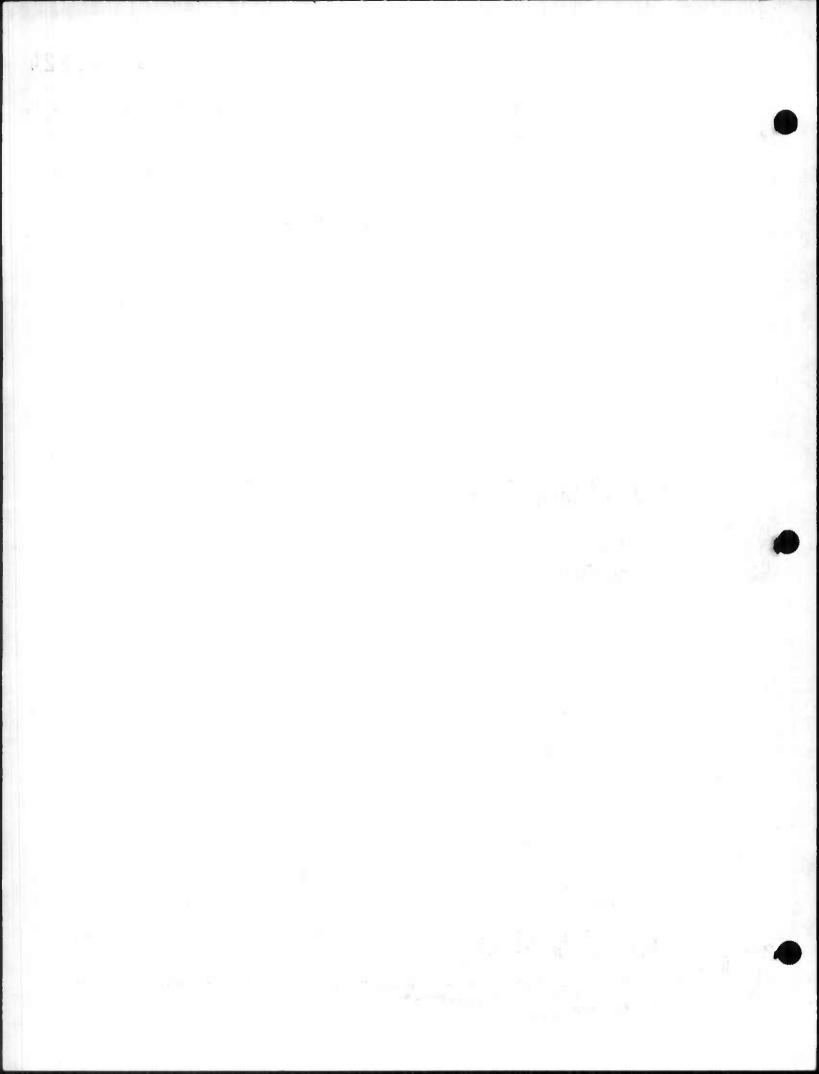
1600M

28a. Date of Injury (Month, Day Year)

225 96

HAMINATO 31. Date filed Month Day, Year, DEC 2 7 1996 Konsul m 111 Penn Street, Baltimore, Maryland 21201

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.



State of Maryland / Department of Health and Mental Hygiene 96 39225

					Certi	ficate of	Death	F	Reg. No.		OJEEO
Physic /Medi		1. Decedent's Name (First, Middle, L. HUG H	E	AGA	N			2. Date of Dea Month DECPMRE	P Day	496	3. Time of Death 7:08 AN
Exami	ner	4e. Facility Name (If not Institution, gi Northwest Med	ical Center				Randa	or Location of Deeth		Balti	
Funeral Director			1□M 2□E	i (In yrs. last b	m triody/	If Under 1 Yeer Months Deys	If Under 24 H Hours M		1921		plece (Stete or Foreigntry) Land
e Maryland la-f show	ctor	10a. Stete 10b. County Maryland Baltimo	ore	10c. City, Too Randa						1	0d. Inside City Lim 1 ☐ Yes XXI
th with th	Funeral Directo	10e. Street end Number 3700 Eastman Ra	aed 5			10f. Zip Code 211	33	1	I Og. Citizen of V USA	Whet Cour	itry?
within 72 hours after death with the Manyland ens. than "natural", or itema 23e or 28a-f show Ita Medical Examiner must be notified at	by	11. Meritel Status  1 Never Married 2 Merried  XXX Vidowed 4 Divorced	12. Wes Decedent E Armed Forces? XXXes 2 N If Yes, Give Yeer or Detes:			s Decedent of Fes, specify Cub	dispenic Origin? en, Mexican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)	14. Rec Bied Specify	ck, White,	etc.
I within 72 hours aff piene. r than "natural", or the Medical Exem	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)			(Give kir. life. DO		during most of w d)	vorking	16b. Kind of Bu		
be filed Ital Hygi of other event, I	To Be Co	17. Father's Neme (First, Middle, Las. Andrew Leo Eag	"		Pre	sident	18. Mother's N	lame (First, Middle, ys Margare	Meiden Sumen	ne)	oundry on
1 and 2 sh Health and em 27 is m ither traum		19a, Informent's Neme/Reletionship  Robert H. Eagan  20e, Method of Disposition	(Type, Print) Son	12 20b. Pleca	27 Bo	naire R	oad For	Pural Route Number		d 210	50
t. Pages tment of tant: If if		1) Sunei 2 Cremetion 3 Donetlon 5 Other (Special Control of Funeral Service) Lica	(v)	cemete	and M	fory or other ple emorial leme end Addre	Park	12/27/96 Mitchell	Balti	more,	Marylan
Depa Impo	,	23a. Part1. Enter the disease, or con shock, or heert feilure. List only	applications that caused	the deeth. Do				ltimore, 1	Marylan		
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	. Con	CEST	) VE	HEA		FAILUR			Onset and Deeth
od densit	Examiner	Sequentially list conditions	b	NEU   Due to (or es e	MON	AIC					
Jeath certificate be executed settending physician and for use as the burial-transit	Medical	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c	Due to (or es e							
the cache	Physician	Part II. Other significant conditions of			in the unde	erlying cause giv	ven in Pert I.				the cause of deal
been signishould be	Completed by							24a. Was a	an autopsy med?	CO	ere autopsy finding: ailable prior to mpletion of cause death?
Physician: The law this certificate has rai director, page 2	Be	25. Wes case referred to medical axeminer?	Managhali			- lou		1 □ Y		10	Yes 217 No
iding Physics It. Attentials of Inneral direction	ation: To	1 Yes 2 No  27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	Hospitel: 1 ☑ Inpatier  26a. Dete of Injun (Month, Dey	y. 28b.	Outpetient Time of Injury	28c. Injui	ry et	Home 5 Resident			0
pital or Atter ours after dea orei Director filled in by th	Certification:	3 Suicide 6 Could not be determined	bullding, etc					28f. Location (S City or Town	n, Stete)		
the rice hin 24 hi the Fun hpletely	Medicai	(Check only 2   Medical Exa	nysician: To the best of niner: On the basis of end menner stell	examinetion er	ge, deeth oo nd/or inves	courred et the tid tigetion, in my c	pinion, deeth oc	curred at the time, d	lete and pleca,	and due to	the cause(s)
) 2 8	-	29b. Signature and title of bertillier	MD			D4	7/68	T		H2-21	4, 1996
1/2		30. Name and address of person who THOMAS GEORGE,	Northwe	st Hospi	MACC	LENTER_	RA	ND ALLS TO	WAY B	21	133
Sta Registi		31. Dete filed (Month, Dey, Year) DEC 2 7 1996	32 Registre	r's seneture	2						

State of Maryland / Department of Health and Mental Hygiene

39226 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3 Time of Death Dey **Physician** L. 12:24 AM Charlotte Emerick 24, 1996 4c. County of Deeth /Medical December 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Baltimore City Good Samaritan Hospital N/A If Under 24 Hrs. 5. Social Sacurity Number 7. Age (In vrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** 1□M 2K0 F Months Days Hours Illinois 359-01-6457 Director Usual Rasidance of Dacedeni the Maryland 10a Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Md. Baltimore Baltimore Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 23a or 1323 Glendale Rd. 21239 USA death Funerai or items 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Spacify Yes or Notif Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, atc. 11 Maritai Status filed within 72 hours after 1 Navar Marriad 2 Married 1 ☐ Yes 2 ☑ No If Yas, Giva Baltimore, Maryland 21215-0020 1 Yas 2 No Spacify: py 3 ☐ Widowed 4 ☐ Divorced White Yaar or Datas natural', Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedant's Usuat Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Hygiene. Coltaga (1-4or 5+) Etamantary/Secondary (0-12) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygien Important: If tem 27 is marked other the any injury or other traumatic event Home Maker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Charles Franklin Thompson Ellen Venita Clay 19a. Informant's Name/Ralationship (Type, Print)
Norman Emerick /Husband 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1323 Glendale Rd. Baltimore, Md 21239 20b Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata ematary, cramatory or other placa) 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 12-26-96 Hilltop Service Co. Towson, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sen 22. Name end Addrass of Facility Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, Maryland 21204 plications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, one cause on each line. 23a. Part1. Enter the diseas shock, or heart failure. Approximete Intarvsl Batween Onsat and Death Physician /Medicai Immediata Causa (Final disaase or condition rasulting in daath) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, taading to immadiata causa. Entar Undarlying Causa (Diseasa or trijury that initiated avants resulting in daath) Last pue Dua to (of as a consequence of) physician e Box 68760. Physician/Medical the th Dua to (or as a consequance of) for use es USB 85 signed by the eld be deteched for P.O. Part II. Other significant conditione contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wara sutopsy findings evellebla prior to Completed 24a. Was an eutopsy complation of causa of death? page 2 s has 2 1 1 ☐ Yas 1 ☐ Yes 2 ☐ No certificate Division of Vital inding Physician: 25. Was case referred to medicel exeminar? Be 26. Placa of Death (Check only ona) Hospital: 1 | Inpatiant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To Z Yes 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of After 1 Matural 5 Panding Injury 1 ☐ Yas 2 ☐ No 2 Accidant **investiga** 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, straat, fectory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida Tertifying Physicisn: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Cartifiar Medical (Check only within 24 To the Fu onel To the 29b. Signatura and titla of 29d. Data signed (Month, Day 29c. Licansa numbe 30. Nama and addrass of person wh th (Itam 23a) (Type, Print)/

State Registrar 31. Data filad (Month, Day, Year)

1. S. P. . 

				State of Maryland	Department of Health  Certificate of Dea		Hygiene C	16 39227
	Dhualai		1. Decedent's Neme (First, Middle, Last)			2. Dete o		3. Tima of Death
	Physici /Medi		MELVIN P. 7			VECE	UBER 24,	1996 1042
_	Examir Funeral Director	er	4a. Facility Name (If not institution, give s  CNUR (N + 0M) E  5. Social Security Number 6. Sex	HOSPITA	PP	der 24 Hrs. 8. Dete or Month		9. Birtholace (State or Foreign
	Marylend If show	tor	Usual Residence of Decedent  10a. State 10b. County		own or Location ESSEX			10d. inside City Limits 1 ☐ Yes 2 ☑ No
	s 23a or 284	eral Director	10e. Street and Number 1106 TACE D	RAPT 2C	10f. Zip Code 2/	2.2/	10g. Citizen of V	)SA.
020	ours efter de ral', or item Examinar r	by Funeral	11. Marital Status  1 □ Never Merried 2 □ Merried  3 ☑ Widowed 4 □ Divorced	2. Wes Decedent Ever in U,S. Amped Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates:	13. Wes Decedent of Hispenic if Yes, specify Cuban, Meximum 1 ☐ Yes 2 No Specimum 1 ☐ Y		Specify	re - American Indian, ck, White, etc.
21215-0020	is 1 and 2 should be filed within 72 hours effer death with the Manyland of Health and Mental Hygiene. Itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Experient must be notified at	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondary (0-12)		6a. Decedent's Usuei Occupation (Give kind of work done during n life, DO NOT use retired)	nost of working	16b. Kind of B	A EXORPSS
Maryland	nould be file I Mental Hyg narked othe	To Be C	17. Fether's Neme (First, Middle, Last)	her	m	other's Neme (First, Mid	SA	wicki
	1 end 4ealth Im 27 ther t		19e. informant's Neme/Reletionship (Ty)  ARTHUR L. DRA  20e. Method of Disposition	HER (GUAROLIAN)	9b. Meiling Address (Street and Nu- be of Disposition (Name of stery, cramatory or other place)	SUPP 510	BAHO M	Stele, Zip Code)  2 12 02  City or Town, State
	permit. Peges Department of I Important: If its any injury or or once.		1 ☐ Burial 2 ☐ Cremation 3 ☐ R- 4 ☐ Donetion 5 ☐ Other (Specify)  21. Signeture of Funeral Service License	III D	. Veter Place)  22. Name end Address of Fe	Dec. 26	144 GAR	USEN FOREST MID.
	80558		23e. Pert1. Enter the disease, or complications, or heart fellure. List only on	cetions thet caused the death. It is cause on each line.	On not enter the mode of dying, such	F. H. 200 es cardiec or respireto	7 EASTPI	Approximate interval Between
K.	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting in deeth)	FUNGEHI	The Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of Court of			2 Weeks
	n æ	ner		Due to (or es	a consequence of):			
, 00	ete be executed hysician end the buriel-trensit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es	e consequence of):			14.5
0x 68/60	certific ding p	<b>VMedical</b>	thet initiated events resulting in deeth) Last	Due to (or es	e consequence of):			
Box.	d for u	clar	Part ii. Other eignificant conditions con-	ributing to death but not require	a in the underlying seven alven in Dr	ort 1 22h	Did tohanna usa na	ntribute to the cause of death?
S, P.O	r requires that the de been signed by the should be detached	by Physician/Me	PNEUMO		g in the underlying cause given in Fe		. /	3 Probably 4 Unknown
Hecords,	The iew requires that the death ite has been signed by the etter page 2 should be detached for u	Completed					Ves an autopsy erformed?	24b. Were autopsy findings available prior to completion of cause of death?
_	- 40 -	Co				1	☐ Yes 2 TNo	1 ☐ Yes 21 1 1 10
VItal	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?	ospitel:	Othor	lece of Deeth (Check o		
0	physic this c	10	1 ☐ Yes 2 ☑ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	112 inpatient 2LI ER/		Nursing Home 5 F		
Division	Attending Physic death.  ector: After this by the funeral d	Certification:	1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day Year)	b. Time of injury et Work?  M 1 Yes 2	! □ No	ibe how injury occur	
2	cepital or Attending Physician: t hours abter death uneral Director: After this certific ely filled in by the funeral director,		4 Homicide determined	28e. Piece of Injury - At home building, etc. (Specify)		City or	Town, Stete)	per or Rural Route Number,
-	n 4 ho	edical	29e. Certifier (Check only one)	cian: To the best of my knowled ar: On the basis of examination and manner stated.	lge, deeth occurred et the time, dete end/or investigetion, in my opinion, o	and plece, and due to death occurred at the ti	the cause(s) and ma me, dete and plece,	anner as stated. and due to the cause(s)
7	withii Comp	M	29b. Signature and title of certifier	med . Specio	29c. License numb	ar G	29d. Dete signe	d (Month, Day, Year) 35/2 24, 1996
	/X/		30. Name and address of person who con WENELISA XIAVI	npleted cause of deeth (Item 23	clist D4035 e) (Type, Print) BROADWAY, R	BALTIMORE	MARYL	AND Q1231
ď	Sta	te	31. Dete filed (Month, Day, Year)	32. Registrer's Signeture		,		

DHMH 16 Rev 6/95

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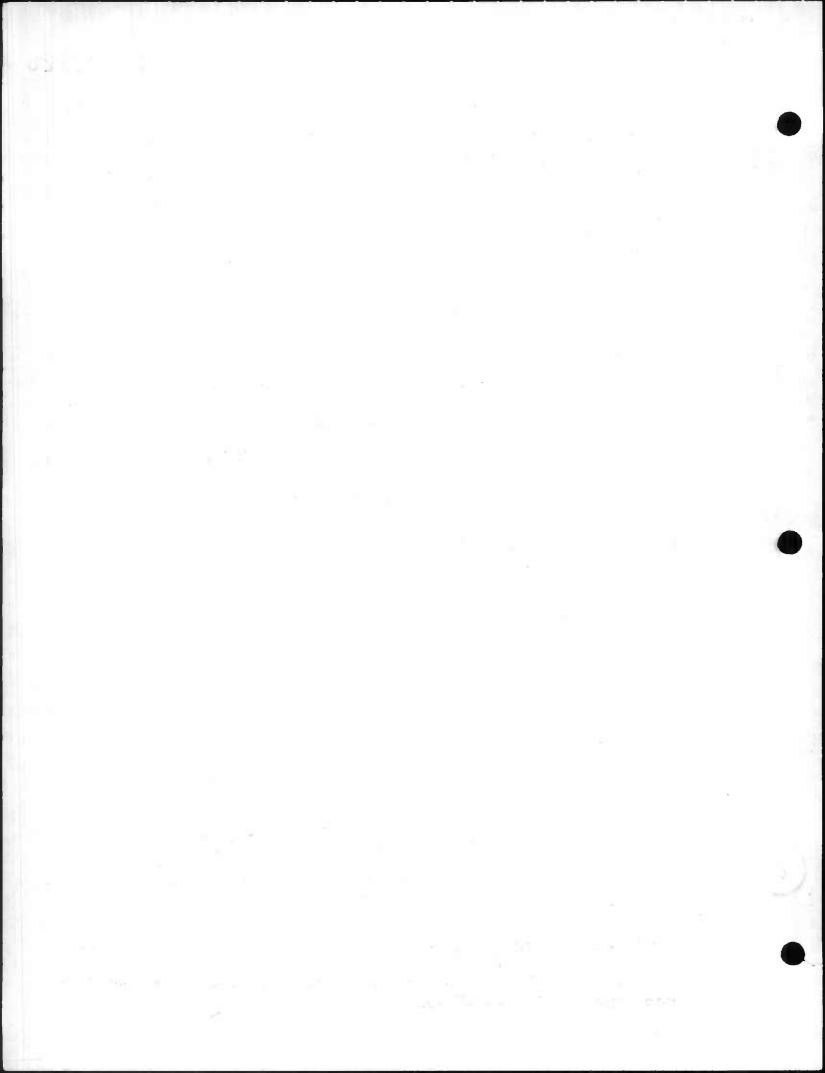
State of Maryland / Department of Health and Mental Hygiene

96

39228

								Death			Reg. No.		
Physi /Med		1. Decedent's Name (First, Middle LARRY F.		LER						2. Date of D Month DEC.	_	1996	3. Time of Death
Exam		4e. Facility Name (If not institution UNIVERSITY			• U			4b. City, To		ocation of Dea RE	th 4c. Coun	ty of Death	
, Funera Directo	_	5. Social Security Number 422 64 3416	6. Sex 1 XM 2□ F	7. Age (In yrs 46	s. last birthday) Yrs.		Year Deys	If Under:	24 Hrs. Min.	8. Date of Bi (Month, D March	irth ay, Year) 22,1950	9. Birthp Cour Mar	place (State or Foreigntry) Tyland
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72 hours after death with the Maryland "naturel", or items 23s or 28s-f show adical Examiner must be notified at	by Funer	11. Maritel Status  1 TNever Married 2 Married 3 Widowed 4 Divorced	Armed F	<sup>2□No</sup> Vi	.et	Wes Decede If Yes, specif			gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	o- 14. Ra Bli Speci	ack, White,	
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Enter Undarlying Cause (Disaase or Injury that initiated events resulting in death) Lest  Pert il. Other significant condition  25. Was case referred to medical examiner?  XX Yes 2 No  27. Manner of Death 1 Netural 5 Pending Investing 1 Neutral 1 Netural 1 Netural 2 Netural 2 Netural 2 Netural 3 Suicide 4 Homicide 1 Certifying 29a. Certifier 1 Certifying 29a.	b.  c.  d.  Hospital: 1   28a. Dete (Mon)	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to	for as e consector as a consector as a consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as e consector as	quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):  quance of):	se giv	26. Placa  aar: 4 Nur  y at  k?  Yes 2	of Deeth	23b. Did 1 24e. Was perfection of Check only. me 5   Resi	tobacco use co	3 Prol 24b. We avi	othe cause of death' bably 4 Wunknow  era autopsy findings aliable prior to mpletion of cause death?  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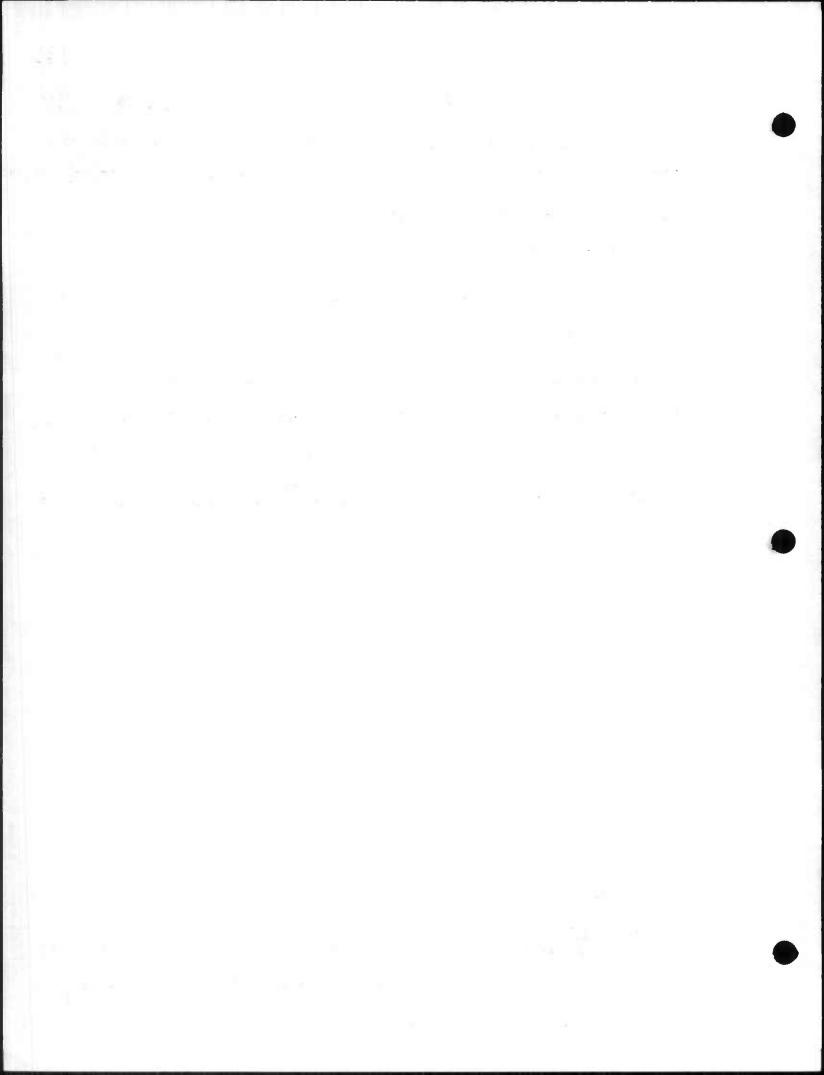
State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	Death		R	eg. No.		
	Physici /Medic	_	1. Decedent's Neme (First, Middle, La Augustine	st) Fi	ore					Month CC . 2	26 <sup>Dey</sup> 19	3,6ar	3. Time of Death 6:20 P. M
Y	Examir		4a. Facility Neme (If not Institution, giv Anne Arundel M		enter				own, or Local	ation of Deeth	4c. County Anne		ndel
	ineral rector		5. Sociel Security Number 6. S 578-09-3594 Usuel Residence of Decadent	FRA OFF	(In yrs. lest bir 39	thdey)_ Yrs.	If Under 1 Year Months Deys		Min.	B. Dete of Birth (Month, Dey Nov. 25		9. Birthole	oce (State or Foreign y), nington,
Maryland	a-f show	ctor	10a. Stete 10b. County MD Anne Ar	undel	10c. City, Tow Edgew							10	d. Inside City Limits
h with the	3a or 28 st be no	al Dire	10e. Street end Number 3508 Cedar Dri	ve			10f. Zip Code 21037			1	0g. Citizen of V USA	Vhat Countr	γ?
72 hours after death with the Maryland	al', or items 23a or 28a-f show Exercines must be notified at	by Funeral Director	11. Meritei Stetus  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1			es Decedent of Yes, specify Cut			ify Yes or No- ican, etc.)		e - America ck, White, e	
	natu	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12)	ducation ade completed) Coilege (1-4or 5-1			nt's Usuei Occu ind of work done O NOT use retire ance		st of working	,	Insura		ustry
	marked other than imaric event, the M	To Be C	17. Fether's Neme (First, Middle, Last, Salvatore Fior							First, Middle, I	Melden Sumem retta	10)	
2 6	27 is mar		19e. informent's Neme/Reletionship (Pamela Smolins	Type, Print)	19b 1 4	. Meiling	Address (Stree	and Numb	e Dr	Route Number Lve, Bu	City or Town,	State, Zip (	code) MD 20866
Pages nent of	permit. Pages 1 and Department of Health Important: If Itam 27 any Injury or other tr once.		20e. Method of Disposition  1 TBuriei 2 Cremetion 3 C  4 Donetion 5 Other (Specification)		20b. Piece of cemeter	Disposi ry, creme	tion (Name of etory or other pla Cemet	ice)		Dete	20c. Location -	City or Tow	m, State
Phys /Me	important: sician sician subjections		23a. Pert1. Enter the disease, or comshock, or heert feilure. List only  immediate Ceuse (Finel disease or condition resulting in deeth)	plications thet caused one cause on each line	•	Ha 12 not enter	Name end Addr rdesty Ridge the mode of dy	Fun 1y A ing, such as	eral venue cardiec or	Home, e, Ann respiretory arm	P.A. apoli	s, MI	21401 Approximate Interval Between Onset end Deeth  5 m inute
	anding physician and use as the burial-transit	In/Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	c. A	ue to (or es e	CC ~	1 fai	lure	Acc	ident			1 weeks 5 cloys 3 weeks
att	ned by the atte	by Physician	Pert ii. Other significant conditions of	-	_						bacco use co		the cause of death?
or Attanding Physician: The law requires that after death.	has been signed to ge 2 should be det	Completed b	Type 2	Prafetes	mel	lite	15 - N	ew On	set	24e. Wes a perform	ned?	avai	e autopsy findings lable prior to pletion of cause eeth?
T. Th	Pa es	Be Co	25. Wes case referred to medical		·			28 Place	e of Death	1 TY	C MESI	10	Yes 2 No
hysici	Ø 0	2	examiner? 1 ☐ Yes 2⊠No	Hospitei:	1		3LI DOA	her: 4 🗆 Nu	ursing Hom	e 5 ☐ Reside	ence 6 Oth		
or Attanding Physician: after death.	After	2 Accident investigetion M 3 Suicide 6 Could not be						28c. injury et Work? 1 ☐ Yes 2 ☐ No  28d. Describe how injury occurred  28d. Location (Street and Number or Rural)			S- 4- Mark		
spital or A	To the Funeral Director: completely filled in by the	<u>a</u>	4 Homicide determined  29e. Certifler 120Certifying Ph	building, etc.  ysician: To the best of	(Specify) my knowledge	, deeth o	occurred et the ti	ime, dete en	nd pieca, en	City or Town	n, Stete)	enner as sta	ted.
To the Hospital or within 24 hours at	mplete	Medje	(Check only 2   Medical Exam	end menner stet	xeminetion en	d/or inve	stigetion, in my	opinion, dee	eth occurred	at the time, d	ete and piece,	and dua to t	the cause(s)
To	0 0	7	296. Signature and tipe of configer	NO			29c. Licen	se number - 6 5 4	,		od. Dete signed		ay, Year)
10	) Sta	•		completed cause of dealer (1505) 32. Registrer	1509		tchie t	tighw	ay j	Arnold	, mo	2101	4





State of Maryland / Department of Health and Mental Hygiene

39230

Certificate of Death 1. Decedent's Name (First, Middle, Last) REBECCAG, FELDMAN 2. Date of Death 3. Time of Death **Physician** Month DECEMBER 24 1996 1251 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BALTIMORE NORTHWEST HOSPITAL CENTER RANDALLSTOWN Hours Min. 8. Data of Birth (Month, Dey, Year) 9. Birthpleca (Ster Country) MARY LAND 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6. Sax 9. Birthpleca (Steta or Foreign **Funeral** Months 1□M 2QF 219-10-0540 96 Director Usuel Residence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shor traumetic event, the Medical Examiner must be notified at BALTIMORE 1 Yas 2 No Director MARYLAND N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21215 5715 PARK HEIGHTS AVE, APT. 603 USA death 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 2 Å No if Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Reca - American Indian, Bleck, Whita, etc. permit. Pages 1 and 2 should be flied within 72 hours after t Department of Health and Mental Hygiene. Important: If Itam 27 is merked other than "natural", or ther any injury or other traumetic event, the Medical Examina-1 ☐ Never Merried 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: WHITE 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuai Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede complated) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fathar'a Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maldan Sumeme) Be **GETZ** MARY SACHS SOLOMON 19a. Informent'a Name/Relationship (Type, Print) 19b. Malling Address (Street end Numbar or Rural Route Number, City or Town, Stete, Zip Code) 4008 STARBROOK ROAD RANDALLSTOWN, MD 21133 MR. HAROLD FELDMAN (SON) Baltimore, 20b. Place of Disposition (Neme of cemetary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 □ Buriai 2 □ Cramation 3 □ Removal from Stete ANSHE EMUNAH (AITZ CHAIM) 12-26-1996- BALTIMORE, MD 4 □ Donation 5 □ Other (Specify) 21. Signature of Funarel Service Licensee 22. Name and Addrasa of Facility SOL LEVINSON & BROS., INC. 23a. Part1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 Approximata Interval Betw **Physician** PNEUMONIA /Medical Immediate Cause (Finei disease or condition resulting in death) **Examiner** attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or aa a consequence of): Box 68760, Physician/Medical Due to (or as a consequence of): signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 12 Unknown Records, by 24a. Was an autopsy performed? 24b. Wera autopsy tindings available prior to completion of cause of death? Completed certificate 1 Yes 2 10 Division of Vital Hospital or Attending Physician:
24 hours after death.
 Funeral Director: After this certifica 25. Was case retarred to medical Be 26. Place of Deeth (Check only one) Hospital: Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1□ Yes 2₩No 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? Certification: 5 Pending invastigation 1 | Netural 1 Yas 2 No 2 Accident 3 Sulcide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) Piace of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide \*\*Certifying Physicien: To the best of my knowledga, deeth occurred at the time, date end place, and dua to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) end manner stated. edicai 29a. Certifier

State Registrar

Tothe Tothe

(Check only one)

29b. Signatura and titla of certifier

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

C. (AVI MO, NHC, SALTO. 32. Bogistrer's Signature

29c. Licensa number

DITITI

29d. Dete signed (Month, Day, Year)

DECEMBER 24

State of Maryland / Department of Health and Mental Hygiene Certificate of Death FilmG743 item 6 per FH 1-3-97 rja 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Leath Day FORD 8:00 am DECEMBER 23 1996 3001 SOUTH 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE HANDVER STREET N/A II Undar 24 Hrs. Birthpiaca (Stata or Foraign
Country)

**Funeral** Director

**Physician** 

/Medical

**Examiner** 

Director

NELL

the Maryland 28a-f show traumatic event, the Medical Examiner must be notified at 23a or permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hygiens. Important: If frem 27 is marked other than "nature" once.

**Physician** /Medical Examiner

Attending Physician: The law requires that the death certificate be executed physician and the burial-transit signed by the a page 2 Affec ector: 3

vision of Vital Records, P.O. Box 68760.

Funeral p Completed Be 20 Examiner Physician/Medicai þ Completed Be 20 Medical Certification: 1 Netural 2 Accident 3 Sulcida 4 ☐ Homicida 29a, Cartifiar

4a. Facility Nama (If not Institution, giva streat and number) HARBOR HOSPITAL CENTER 7. Aga (In yrs. last birthday) If Undar 1 Yaar Months Days 5. Social Security Number 8. Data of Birth (Month, Day, Year) HEEM XXTE 229 24 1179 Hours Nov. 18, 1912 Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location Maryland N/A Baltimore 10e. Street and Number 10f Zin Code 10g. Citizan of What Country? 3705 Hanover Street 21225 U.S. 12. Was Dacadant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - Amarican Indian, Black, Whita, atc 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify: Specify. 3 □ Widowad 4 □ Divorced Yaar or Datas: 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Sales Clerk 12th Woolworth Store 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Sumama) George (unknown) Stallard Genevieve 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zlp Code) Nell M. Mallon daughter 3705 Hanover Street Baltimore, Maryland 21225 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 12/27/96 Baltimore, Maryland Cedar Hill Cemetery 21. Signature of Funarai Sarvica Licansee 22. Nama and Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Soamerousle Baltimore, Md. 21225 ma Part 1. Enter the disease or semplications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure of the only one cause on each line. Immediata Causa (Final diseasa or condition rasulting in deeth) HYPO TENSION MYOCARDIAL INFARCTION Sequentially list conditions, if any, laading to immadiata cause. Enter Undarfying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last CONGESTIVE HEART FAILURE Dua to (or as a consequence of): ATRIAL FIBRILLATION Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24a. Was an autopsy a No 1 Yas

24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Deta of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 5 Panding 1 ☐ Yas 2 ☐ No invastigetion 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be 28e. Plece of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) end mannar as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and mannar stated.

29b. Signatura and titia of certifiar

PGYI IN

29c. Licansa number

29d. Data signed (Month, Day, Year)

Virginia

White

10d. Insida City Limits

Approximate Intervat Batween Onset and Death

1 DAY

Week

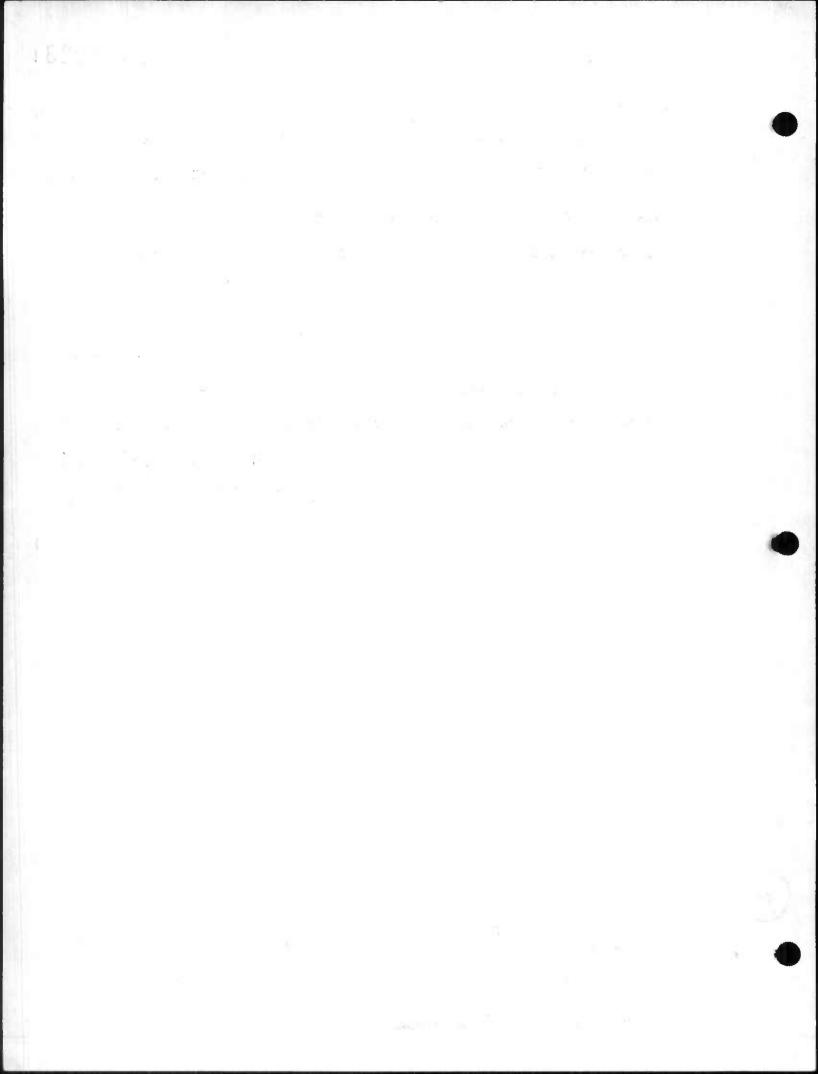
1 Yas 2 □ No

N. Chandre seldan Redy INTERNAL MEDICINE AS 2441614-48 DECEMBER 23, 1996

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) PSYI IN INTERNAL MEDICINE CHANDRASEICHARREDDY. VASAMREDDY, 3001 S HANOVER STREET

31. Data filed (Month, Day, Yaar) State Registrar





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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7	4	4	/	1	1
		J		U	-

Physician
/Medical
Examiner
Eumanai

Director show

the Maryland ral", or flerns 23a or 28a-f show 72 hours after "natural". should be filed within 7 and Mental Hygiene.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

The law requires that the death certificate be executed burial-tran physician a USB as ed by the a ate has been signed by page 2 should be detac certificate or Attending Physician: director. this funeral After death. the after deatl Director:

P.O. Box 68760,

Records,

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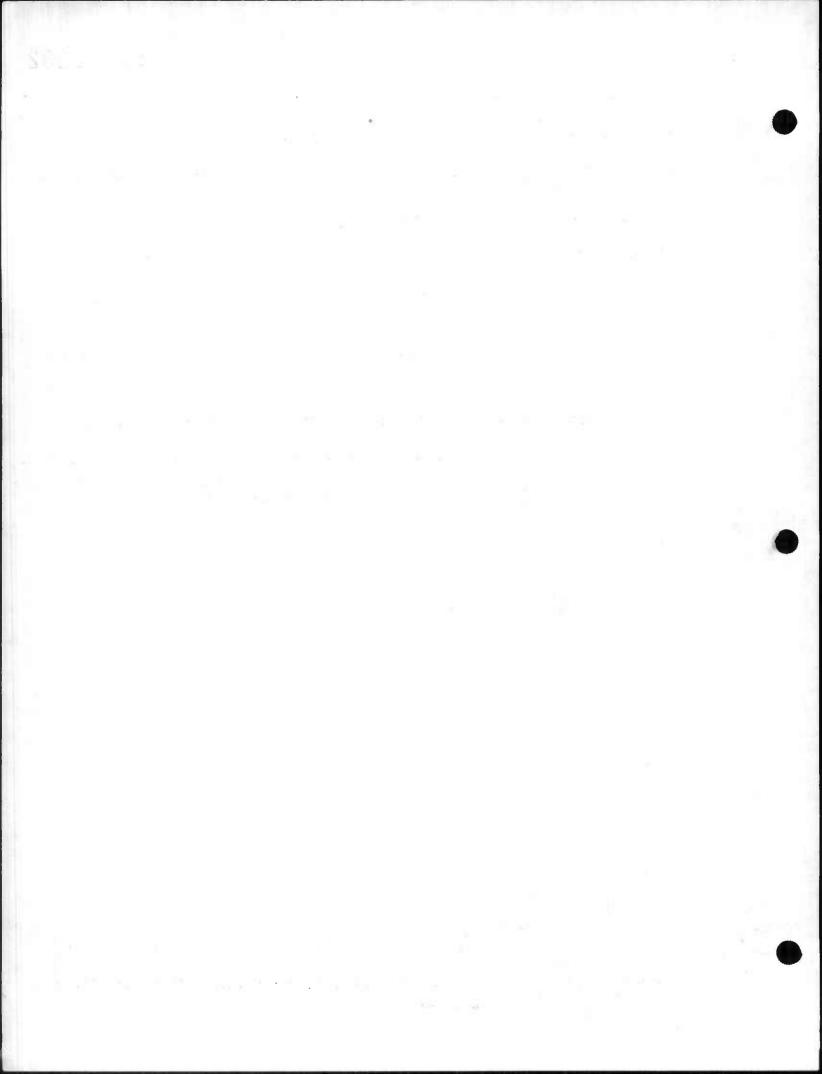
Division

1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Dev Vear EDWARD GURSKI SR. DEC 20 1996 1409 PM 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 524 ARSAN AVENUE BALTIMORE N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year, Birthplace (State or Foreign Country) Days Months Hours 1**™** M 2□ F 206 26 8894 Vre 62 July 19, 1934 Pennsylvania Usuel Residence of Decadent 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits Director Maryland N/A Baltimore 1 Ves 2 □ No 10a. Street and Number 10f. Zin Code 10g. Citizen of What Country? 524 Arsan Avenue 21225 U.S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Maritei Status 14. Raca - American Indian, Bleck, White, etc. 1 XYes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married 1956 1 ☐ Yes 2 No by 1958 Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working ilfe. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12th Supervisor Chevron U.S.A. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be fill ment of Health and Mental Health and Mental Health ant: If Itam 27 is marked oth Be Felix Gurski Violet (unknown) 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edward W. Gurski 524 Arsan Avenue son Baltimore, Maryland 21225 other 1 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Dete IX Buriei 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department or Important: If any Injury or once. ö Glen Haven Memorial Pk. 12/23/96 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Slaneture of Funerei Service Lic 22. Name end Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart leilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due to (or es a consequence ol): Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequenca of) Physician/Medical Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown **EMPHYSEMA** þ 24b. Were autopsy lindings available prior to completion of cause of death? Be Completed 24a. Was en autopsy performed? INSPECTION 1 ☐ Yes 2 ☐ No 1□ Yes XXNo 25. Was case referred to medical 26. Piece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 ☐ Nursing Home XX Residence 6 ☐ Other (Specify) Certification: To XX Yes 2□ No 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred XXNatural 5 Pending 1 TYes 2 □ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28l. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece ol Injury - At home, larm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicide Suno 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E DEC. 20, 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

State Registra

DR.DAVID FOWLER 111 Penn Street, Baltimore, Maryland 21201 31. Registrar's Signatur



State of Maryland / Department of Health and Mental Hygiene 96

39233

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-	Funerai				ge (In yrs. last birth	day) If Under 1 Yee	r If Under 24 l	Hrs. 8, Dete of Bi	irth N/A	9. Birtho	place (Stete or Foreign	
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	ylan		10a. Stete 10b. County		10c. City, Town	or Location				1/	0d. Inside City Limits	
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	jeet Fa	Jera	11. Maritel Stetus	12. Was Decedent	(Specify Yes or N		14. Rece - American Indian,					
	by Funeral Director	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces  X Yes 2 I If Yes, Give Yeer or Detes:		13. Wes Decedent of If Yes, specify Cu		ièrto Rican, etc.)		Bleck, White, etc.  Specify: White			
5	2 should be filed within 72 hours end Mentel Hygiene. Is marked other than "netural", surmatic event, the Medical Ex-	Completed	15. Decedent's	Education	ducation de completed)  College (1-4or 5+)  16a. Decadent's Usuel Occu (Give kind of work done life. DO NOT use retire			adda	16b. Kind of Business/Industry			
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	of Fe		20e. Method of Disposition		20b. Piece of [	Disposition (Name of cremetory or other po		Dete	20c. Location			
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			21. Signature of Funeral Service Lic		2 outrag	n Forest	ress of Facility	12/21/90	Owing	s Muc	es, MU	
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			23a. Pert1. Enter the disease, or co shock, or heert fallure. List only	mplications thet cause	d the death. Do no	t enter the mode of d	ying, such es care	liac or respiratory	arrest,		Approximate	
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	eath certificate be executed attending physician and for use as the burial-transit	Jar										
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	ate hes b	PO	DEPRESSION					1150	Yes 2 No	10	Yes 21 No	
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		To	examiner? 1 Yes 2 No	Hospitei:	ent 2 ER/Outc	etient 3 DOA	ther:			ner (Specifi	v)	
			27. Menner of Deeth	28a. Dete of Inju	ry 28b. Tir	ne of 28c. Inj		4 ☐ Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) t 28d. Describe how injury occurred				
or Attending P Line death. In Director: After led in by the funer Certification:			1 Neturel 5 Pending 2 Accident Investigeti	(Month, De		ork? ☐Yes 2☐No						
	Pirector:	fica	3 ☐ Suicide 6 ☐ Could not	be co. Discoulded	28f. Location	28f. Location (Street and Number or Rural Route Number,						
		T a	4 ☐ Homicide determine	building, et	City or Town, State)							
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,	2 € 8		n 11		29d. Dete signed (Month, Day, Year) DPCEMBER 22, 1990							
	1		Carolyn Ho				008					
	V		30. Name and eddress of person who	completed cause of c	leeth (item 23e) (T	ype, Print)		CENTRE DESC	49KD FX	45770	N AVENUE	
	(1)		30. Name and eddress of person who CARDLYN HOUK, M	DOHNS	HOPKINS	BAYVIEW 1	YEDICAL	BALT	MORE	MO	21234	
	Sta	_	31. Dete filed (Month, Dey, Year)	Q. 32 Registr	S Market	•					,	
	Registr	ar	FEG 2 7 1996	9								

Johns Hopkies Bayview Medical Ctr.

TTWW

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Baltimore

Dundalk

21222

Feb. 2, 1927 Pennsylvania

United States

N/A

214-22-0028

Baltimore Maryland

2839 Plainfield Road

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White

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G.A.D.

Salesman

Sales

John Gabriszeski

Josephine Barkovitah

Mrs. Lucille Gabriszeski/Wife 2889 Plainfield Road Dundalk, Maryland 21222

Garrison Forest V.A.Cem.12/27/96 Owings Mills. MD Duda-Ruck Fuzeral Home of Dundalk, Incc

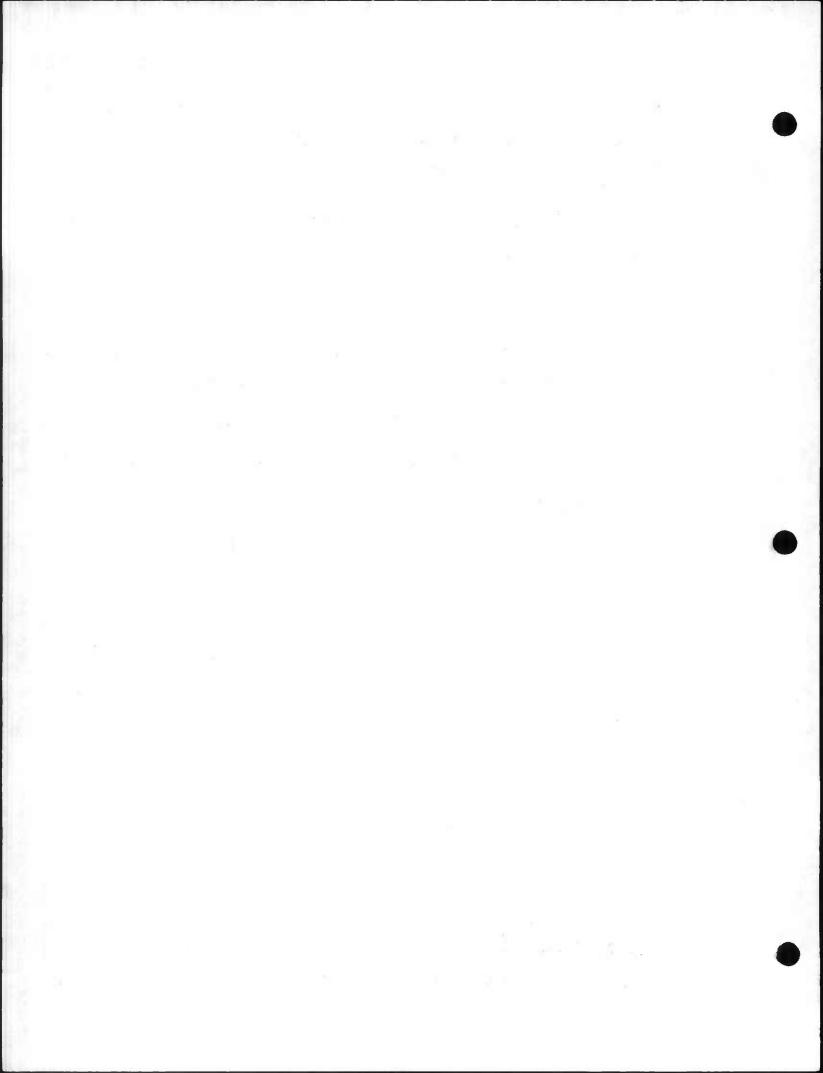
7922 Wise Ave. Dundalk, Maryland 21222

State of Maryland / Department of Health and Mental Hygiene

96 39234

				Cei	rtificate c	t Death		Re	g. No.		0 3 6 0 4	
ysician Indical	1. Decedent's Name (First, Middle, Last)  OARLETTE Y. GUSMARO							2. Date of Death Month Dey Year		3. Time of Death		
fedical aminer		4a. Facility Neme (If not institution, give street and number)				4b. City, To	wn, or Location		4c. Count		Lissbw	
	Howard Count	Howard County General Hospir				Colu	nbia		How	and.		
1	5. Social Security Number	6. Sex 1 ☐ M 2 X F		. last birthday)	If Under 1 Ye Months Der		24 Hrs. 8. 0	Dete of Birth Month, Pay, n . 7 , 1	Year)	Cour	piece (State or Foreign	
	216-52-0096 Usual Residence of Decedent	TO M ZO	4	47 Yrs.			Ja	n.7,1	949	Mai	rýland	
	10a. State 10b. Count	у	10c. C	ity, Town or Lo	cation					1	0d. Inside City Limits	
If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examines must be notified at To Be Completed by Funeral Director	Md. Ho	ward			Co	lumbi	a				Yes 2□No	
	10e. Street and Number				10f. Zip Code	•		10	g. Citizen of	What Cour	ntry?	
	10934 Sh	adow Lar	ne .			21	044		USA			
Funeral	11. Marital Status	Armed F	12. Wes Decedent Ever in U,S. Armed Forces?		<ol> <li>Was Decedent of Hispanic Origin? (Sp If Yes, specify Cuban, Mexican, Puerto</li> </ol>			ecify Yes or No- Rican, etc.)		14. Race - American Indian, Bieck, White, etc.		
by F		If Yes, G	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		1 ☐ Yes 2KI No Specify:					Specify: White		
		15. Decedent's Education				16a. Decedent's Usuai Occupetion				16b, Kind of Business/Industry		
Completed	(Specify only high Elementary/Secondary (0-12)	est grede completed	College (1-4or 5+) 2 yr		(Give kind of work done during most of work life. DO NOT use retired)  Communications Ana  18. Mother's Name			king		b. INFO OF Business/Housity		
Com								st	Md. Casu		sualty	
Be	17. Father's Name (First, Middle								, Maiden Surname)			
2		n Walter	5				velyn		dings			
	19e. Informant'a Name/Relation Vincent Gu		shand		34 Sha						,	
	20a. Method of Disposition	omano, no	20b.	Place of Dispo	sition (Name of				mbia Md. 21044			
L	19 Burial 2 ☐ Cremation 3 ☐ Removel from State			cemetery, crematory or other place)								
	4 Donation 5 Other (Specify) Ebenezer Cemetery 12/27/96  21. Signeture of Funeral Service Licenses 22. Name and Address of Facility							/ 50	Daicimore na.			
	Connelly Funeral Home of Essex											
	23a. Pert1. Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feiture. Use on each inc.										Approximate	
	shock, or heart feilure. Usefully one cause on each ine.  Intervel Between Onset end Death										Intervel Between Onset end Death	
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Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury			or as a conseq								
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n/Medical	resulting in deeth) Last		Due to (	or as a consequ	uence of):					1		
N/UE		d			-							
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Phy	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Chronic animia.						1 Yes 2 No 3 Probably 4 Unkno					
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Completed		24				24a. Was an performe	performed?		ore autopsy findings			
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								1 🗆 Yes	2 No	1 🗆	Yes 2□ No	
o Be	25. Was cese referred to medice examiner?	Hognital:				Asla	of Death (Chi	-				
H- 1	1 Yes 2 No	28e. Dete		ER/Outpatient	3LI DOA	4 □ Nur	rsing Home	5 Residen			)	
tion	1 Naturel 5 Pendi		th, Day Year)	Injury	28c. In W	ork? □Yes 2□N		23301100 ITOW	injury occur			
lifica	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office 28f. Location (Street and Number								er or Rura	or Rural Route Number,		
Certification:	- Li Homicide	build	ing, etc. (Specil	(y)				City or Town,	S(8(8)			
edicai (	29a. Certifier  (Check only one)  (Check only one)  (Check only one)  (Check only one)  (Check only one)											
Me	29b. Signeture end title of certifier				29c, Lice	29c, License number			29d. Dete signed (Month, Day, Year)			
	Dan & m		D 30573				12-24-96					
	30. Name and address of person	who completed caus	se of death (iter	n 23a) (Tvpe. F	Print)						And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
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State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificate	e of	Death		Я	eg. No.		
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	Funeral Director		5. Social Security Number 6. S 212–56–7320	Sex 7. □ M 2□xF	Age (In yrs. I	last birthdey) Yrs.	If Under	Deys		24 Hrs. Min.	8. Dete of Birth JAN 11,	<b>19</b> 08	9. Birthi	piece (State or Fo NESSEE
Mand	A0 18		10a. Stete 10b. County		10c. City	, Town or Lo	cation				****			10d. Inside City Li
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Te.	or its	by Funeral Director	11. Maritel Stetus  1 Never Married 2 Merried  3 X Widowed 4 Divorced	12. Wes Decede Armed Force 1 Tes 21 If Yes, Give Yeer or Dete	s? No		Wes Decede f Yes, speci 1 ☐ Yes 2			gin? (Sp i, Puerto	pecify Yes or No- Rican, etc.)		Rsce - Americ Blsck, White, ecity: W	
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within	than s	Completed	Elementary/Secondery (0-12)	College (1-4d	or 5+)	lifa. I	DO NOT use SALES	e retire	9d) -	LOI WOII	Ciriy		RET	AIL
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permit. Pages	Departmer Important: sny injury once.		21. Signature of Funeral Service Licer	il fo	MA		. Name end	Addr	ess of Facili	ל בו	EVINSON	& BRO	S.,INC	
	-		23e. Pert1. Enter the disease, or com- shock, or heart fellure. List only	plications thet cau	sed the deeth	. Do not ent								Approximate interval Between
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that the	ed by t	y Phy	Renal Fa	ilure,	Coro	maly	Arte	14	DiJea	se	1 🗆 Y	08 2 VA	lo 3 Pro	bebly 4 Unk
Physician: The law requires that the	is certificate has been signed by the attendin director, page 2-should be detached for use	Completed by	Renal Fa Chronic Obstru	ctive Pu	ulmon	ary Di	rease				24e. Wes a perform		av	ere eutopsy findir sliable prior to ompletion of cause death?
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نق	ctor, p	Bec	25. Wes case referred to medical examiner?						26. Piece	of Deel	th (Check only or	10)		
ng Physici	fter this ce meral dire	ဥ	1 Yes 2 No  27. Menner of Deeth 1 Netural 5 Pending	ER/Outpetlen 28b. Time of Injury		7		irsing Ho	ome 5 Reside			אל		
or Attending	within 24 hours after death.  To the Funeral Director: After thi completaly filled in by the funeral	Certification:	2 Accident 3 Sulcide 4 Homicide  Investigetion 6 Could not be determined	Work?  1 Yes 2 No				treet and Nin, Stete)	um <i>ber or Run</i>	al Route Number,				
e Hospita	n 24 hours le Funeral pletaly fillex	edical C	29a. Certifier (Check only one)  1 Certifying Ph. 2 Medical Exam	ystcian: To the be- niner: On the basis end menner	of examineti	viedge, deeth ion end/or inv	occurred e	t the ti	ime, dete en opinion, dee	d piece, th occur	and due to the c red et the time, d	ause(s) and ete and ple	i menner es s ce, and due t	tated. o the cause(s)
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6			30. Name and address of person who	completed cause o	deeth (item	23a) (Type,	Print)	SEL	T HR	2 AR				
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State of Maryland / Department of Health and Mental Hygiene Q 5

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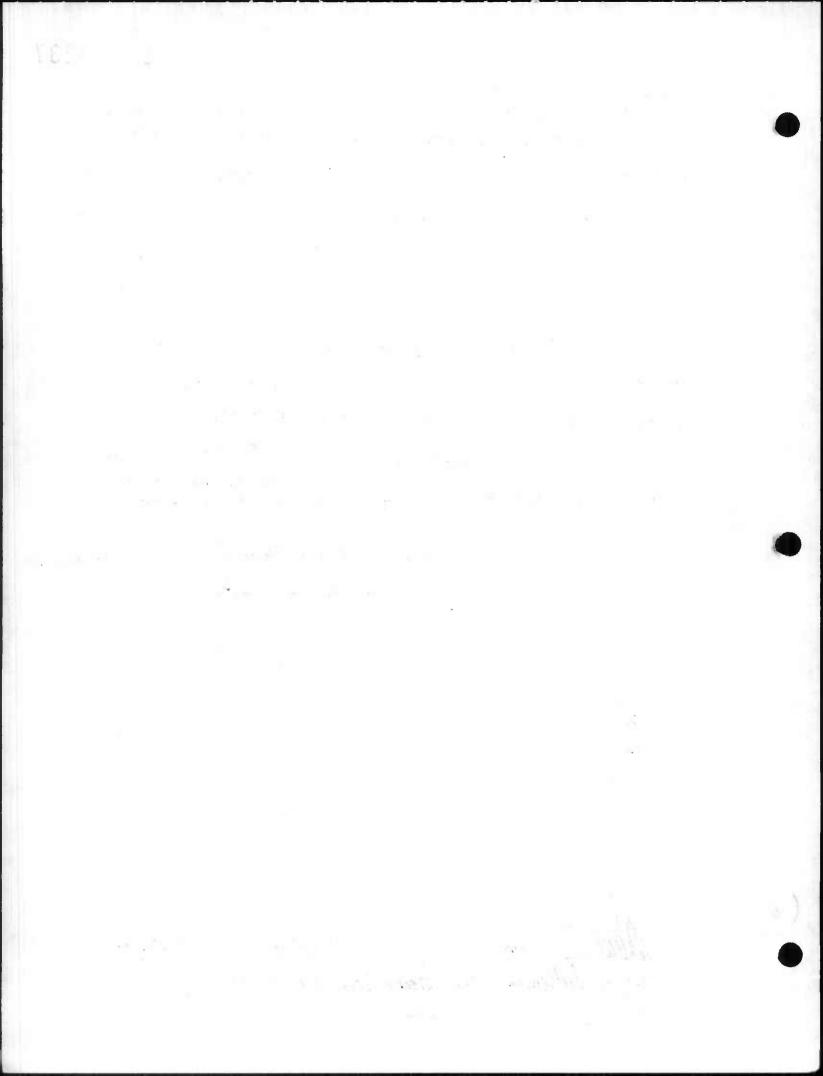
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Exam		4a. Facility Nama (If not institution, giv	a street and numbar)	1	00	1 -	4b. City, Town, o	or Location of Dea	th 4c. Coun	ty of Death	
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yland		10a. Stata 10b. County	10c.	City, Town	or Location	n				1/	0d. Insida City Limits
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or 28	Directo	10e. Street and Number			10	f. Zip Coda			10g. Citizen of	What Coun	itry?
ath w		2600 Urban Lane				2123	30		U.		
within 72 hours after death with the Maryland ena. then "natural", or items 23a or 28a-f show the Masical Examine must be notified at	/ Funeral	11. Marital Status  1 Navar Married 2 Married	12. Was Decedant Evar II Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva	n U,S.	If Yas	Dacedant of I specify Cub as 2XNo	an, Maxican, Pu	(Specify Yas or Narto Rican, atc.)	Bla	ack, Whita,	atc.
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permit. Pag Department Important: I any injury o		21. Signature of Funaral Sarvica Licen	saa E Dave	i			iss of Facility	Gonce way Bal	Funeral		
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oe ex		Sequantially iist conditions, if any, leading to immediate cause. Entar Underlying Causa (Disease or Injury	. athe	VOS	cler	osis				1	
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eeth certificate be executed attending physician end I for use as the buriel-transit	vMe		d								
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ysician: The is certificate director, pag	Be	25. Was case refarred to medical axaminar?	Alexandra No.					eath (Check only	one)		
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Attending or death. ector: Atter by the fune	Icat	2 Accidant invastigation 3 Sulcida 6 Could not be		Characters	M		Yas 2□No	COL Location	Care at a sel at a se	haras D	( Doub Alvert
or Attendation deati	ertification:	4 Homicida datarmined	28a. Placa of Injury - Albuilding, atc. (Spe	cify)	n, street, ra	ictory, offica			wn, Stata)	Der or Hurai	i Routa Number,
hours hours uneral	edical C	29a. Certifiar 1 Certifying Phy	valcian: To the best of my k	nowledge,	deeth occu	rred at tha tin	ne, dete and piac	a, and dua to the	cause(s) end m	annar as st	ated.
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A 2 3/	~	29b. Signature and titia of certifiar	( Ann			29c. Licans			29d. Data signi		
1		1/////// -	+ 10</td <td></td> <td></td> <td>PIC</td> <td>0036</td> <td></td> <td>12/</td> <td>20/9</td> <td>16</td>			PIC	0036		12/	20/9	16
5		30. Name and address of person who o	completed causa of death (II	em 23e) (T	ype, Print)	7 11-		110 0.			
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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

Physicia /Medic Examin	8
Funeral	

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Exam	iner	4a. Facility Name (If not institution, give INNS OF EVERO		RSING	CEN	ITER		or Location of Dee ALTO	th 4c. County	of Death A		
Funera Directo	_	5. Social Security Number 8. So 215-16-2965	ex 7. Age	e (In yrs. last		If Under 1 Y Months Da		fin. (Month, D	irth ay, Yeer) 14, 190	9. Birthplace (State or Ford Country) 2 VA		
death with the Maryland ms 23s or 28s4 show	tor	Usual Residence of Decedent  10a. State 10b. County  MD N/A		10c. City, To	own or Local	tion				10d. Inaide City Lim		
th with the 23s or 28	ai Director	10e. Street and Number 233 N. BETHAL	CT			10f. Zip Coo 21	de 231		10g. Citizen of V			
P 2 2	by Funeral	11. Maritel Stetus  1 Never Merrled 2 Marrled  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Year or Detes:				of Hispenic Orlgin? Cuban, Mexican, Po No Specify:	(Specify Yes or N lerto Rican, etc.)	o- 14. Rad Bled Specify	ca - American Indian, ck, White, etc. BLACK		
d within 72 hours of gione. Ir than "natural", or	leted	15. Decadent's Ed (Specify only highest grad	ucation de completed)	18	Ba. Deceden	d of work do	one during most of	working	16b. Kind of B	usiness/Industry		
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d 2 should be file th end Mentel Hy 7 Is marked othe traumatic event,	To Be	17. Father's Name (First, Middle, Last) TOM NEWBY						18. Mother's Neme (First, Middle, Meiden Surname)  MAGGIE MERIDITH				
1 end 2 sho Health end em 27 is me ther traums		19a. Informant's Name/Relationship (7) FLORECE WATSON	ype, Print)	2	19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State Zip 242 N. BETHEL CT BALTO, MD 21231							
permit. Pages 1 er Department of Hea Important: If Item: any Injury or other once.		20a. Method of Disposition 1 □ Burlal 2 □ Cremation 3 □ 1 4 □ Donetion 5 □ Other (Specify	Removal from State	20b. Placa ceme	of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Dis	on (Name o	f placa)	DEC 31,	EC 31, 20c. Location - City or Town, State			
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Examiner		Immediate Cause (Final disease or condition resulting in death)	a	Due to (or as	a conteque	we kenca of):	cent to	where	-	Cenhums		
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ifficate be e g physician es the buri		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	c	Due to (or as			J			1		
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State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

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iner 48	Decedant's Name (First, Mide S(S)  a. Facility Neme (If not institution)	die, Last)						Reg. No.		
iner 45	a. Facility Neme (If not institution	Harris	5				2. Date of De Month	Day	Year 94	3. Time of Death
1 5. U					1	4b. City, Town, or			ty of Death	
U 10	Bayview H						imore	40. 00011	n/a	
U 10	. Social Security Number	T -	7. Age (In yrs. las	t hirthday)	If Under 1 Year	If Under 24 Hrs		eth.		la (00-1 5
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5	0a. State 10b. Count	γ	10c. City.	Town or Loc	ation				4	0d. Inside City Lim
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12										10100 201
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2	/301 Tellij	bre utti k	Jau		20	740		US	A	
Funeral	1. Marital Status	12. Was Deca Armed Fo	dent Ever in U,S.	13. W	as Decedent of F	dispanic Origin? (S en, Mexican, Puer	Specify Yes or No	- 14. Ra	aca - Amaric ack, White,	
E	1 Never Married 2 Ma	rried 1 ☐ Yes If Yes, Giv	2⊠No		☐ Yes 2⊠ No				**	
by	3X Widowed 4 □ Divorce	d Year or Da	ites:		C Tes ZINO	Зреспу.		Speci	iny: Wh	nite
Completed	15. Decede	nt's Education		16a. Decede	ent's Usual Occup	pation	411	16b. Kind of 8	Businass/Inc	dustry
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	7. Fether's Neme (First, Middle	, Last)				18. Mother's Na	me (First, Middle	, Maidan Suma	me)	
Be 1	William	Mueller					erine G			
2	9a. Informant's Name/Relation			106 Mailie	Address /Otra				. 04-1-	0-41
	Doris Denton/					ill Road		Springs		
	·	nerce	201 21			III KOAO	_			
20	Da. Method of Disposition  1 Buriel 2 Cremation	3 Demoval from 9	CONT	a of Dispos lefa <i>ry, cr</i> ema	ition (Name of atory or other place	ce)	Dete	20c. Location	- City or To	wn, State
	4 Donation 5 Other (			imore	NAtiona	1Cemeter	v 12/27	/96 Ba:	ltimor	e MD.
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Yes 2 No one)  denca 8 Ott how injury occu  Street end Num vn, State)  causa(s) and m data and place, 29d. Date signe	24b. We ave cor of a triber (Specify irred	re autopsy findin illable prior to pletion of cause leath?  I Yes 21 No  Route Number,  ated. the cause(s)
Medical Certification: To Be Completed by	5. Was case refarred to medica examiner? 1   Yes 2   No  7. Manner of Death 1   Naturai 5   Pendir Investi 3   Suicide 4   Homicide   Security (Check only one)  8. Certifiar (Check only one)	Hospital: 1 or no no no no no no no not be nined 28e. Place of Month not be nined 28e. Place of building Physician: To the bear and menner not not not not not not not not not not	injury Day Year)  of injury - At home g, etc. (Specify)  pest of my knowle als of examination er stated.	b. Time of fnjury o, farm, stree dge, daath c and/or Inva	28c. Injun Wor M 1 D 29t, fectory, office occurred at the timestigation, in my of 29c. License	28. Place of December:  AND Nursing Hoyet  Yes 20 No  na, data end place pinlon, daath occur e number	24a. Was performent of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	Yee 2 No an autopsy rmed? Yes 2 No one) denca 8 Ott how injury occu Street end Num vn, State) Causa(s) and m data and place, 29d. Date signe	24b. We ave cor of a triber (Specify irred	re autopsy findir illable prior to inpletion of cause feath?  I Yes 2 No  Route Number, it had a the cause(s)  Day, Year)

State of Maryland / Department of Health and Mental Hygiene

39239 Certificate of Death 1. Decadant's Name (First Middle Lest) 2. Data of Daath **Physician** Month Yeer 8:43 Am Dec MILDRED HERZBERGER 96 /Medical 25 4e. Fecility Nama (If not institution, giva street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** St. Agnes Hospital Baltimore City N/A 5. Social Security Number 6. Sax If Undar 1 Year if Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Yaar) Birthplaca (Stata or Foreign Country) **Funeral** Days 1□ M 2□ F 95 216-30-6761 Yrs. Director April 9,1901 Maryland Usual Rasidanca of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location TRUST be notified at 10d. Insida City Limits Pasadena Director Maryland Anne Arundel 1 Yas 2K No 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? death with 21122 U.S.A. 162 Roland Road Funeral items 2 12. Wes Dacadant Ever In U.S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Give Yaar or Datas; Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, White, atc. 11. Marital Status r than "natural", or item the Medical Examiner filed within 72 hours efter 1 Nevar Married 2 Married 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 ₩ Widowed 4 Divorced Specify: White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast greda complated) I Hygiene. Eiementery/Secondery (0-12) Coliage (1-4or 5+) Own Self Employed Resturant Owner Pages 1 and 2 should be filed w timent of Health and Mental Hygies tant: If item 27 is marked other ti jury or other traumatic event, the N/A Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Blanchard Mary L. William Haas 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat end Number or Rural Route Number, City or Town, Steta, Zip Coda) Hillside Road Pasadena, Maryland 21122 1218 Mildred Morsberger Daughter 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Depertment of Important: If any injury or ance Baltimore, Maryland Metro Crematory, Inc. Dec. 28, 1996 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funeral Service Licens 22. Nama and Address of Fecility McCully Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 23 Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediata Causa (Fine) Hypoxic encephalopatt 2 hours diseasa or condition rasulting In deeth) Examiner Examiner Attanding Physicisn: The law requires that the death certificate be executed Sequentially list conditions, if any, laeding to immadiate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last the buriel-tran Dua to (or as a consequence of): Box 68760, ate has been signed by the attending physiclan page 2 should be deteched for use es the burie Physician/Medical Due to (or as a consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an eutopsy performed? certificate has Demention 1 Yas 2 No 1 ☐ Yas 2 No Be 25. Was casa raferred to medical axaminer? 26. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) ို 1 Yes 200 No 1月 Inpatiant 2□ ER/Outpetient 3□ DOA this 27. Mennar of Death 28a. Deta of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Dascribe how Injury occurred hours efter death. 1 Netural 5 Panding invastigetion 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida ospital or 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner stated. Medical (Check only within 2 To the 29b. Signatura end titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) - IMD 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print) MUNIFRAHAL, MD St. Apres Hospital, 900 Coton too Raltimore, MD 2/229

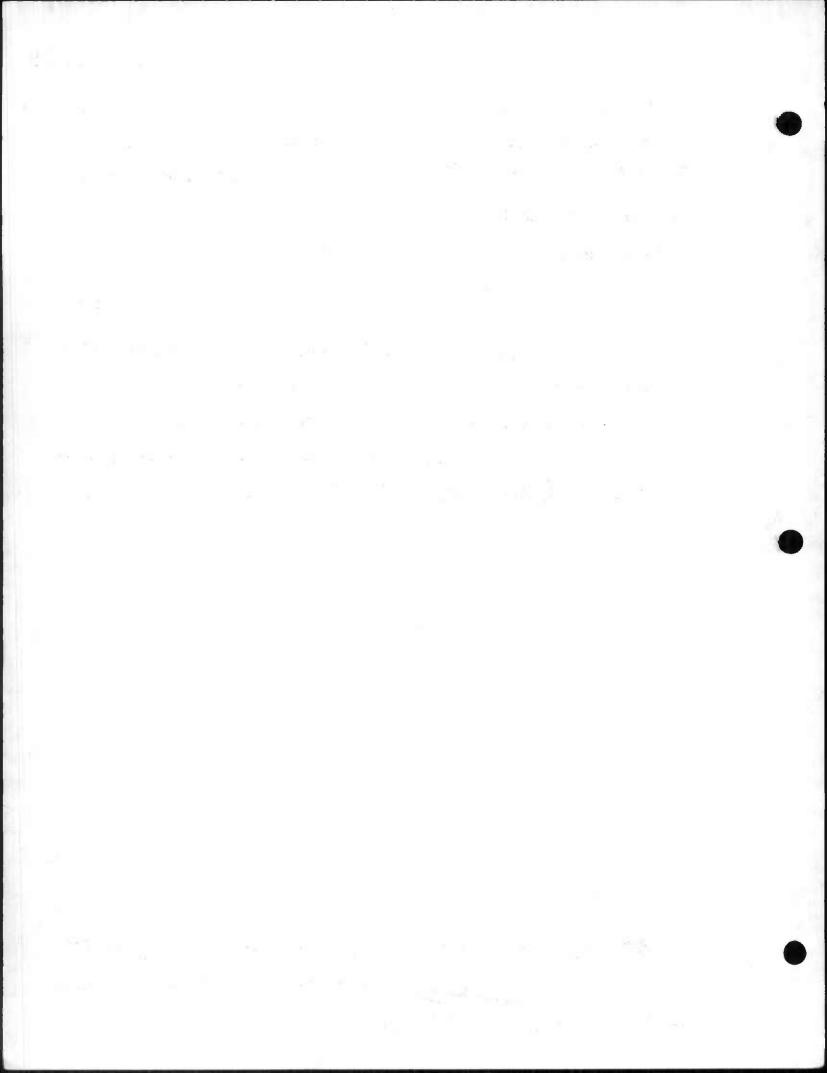
**DHMH 16 Rev 6/95** 

State

Registrar

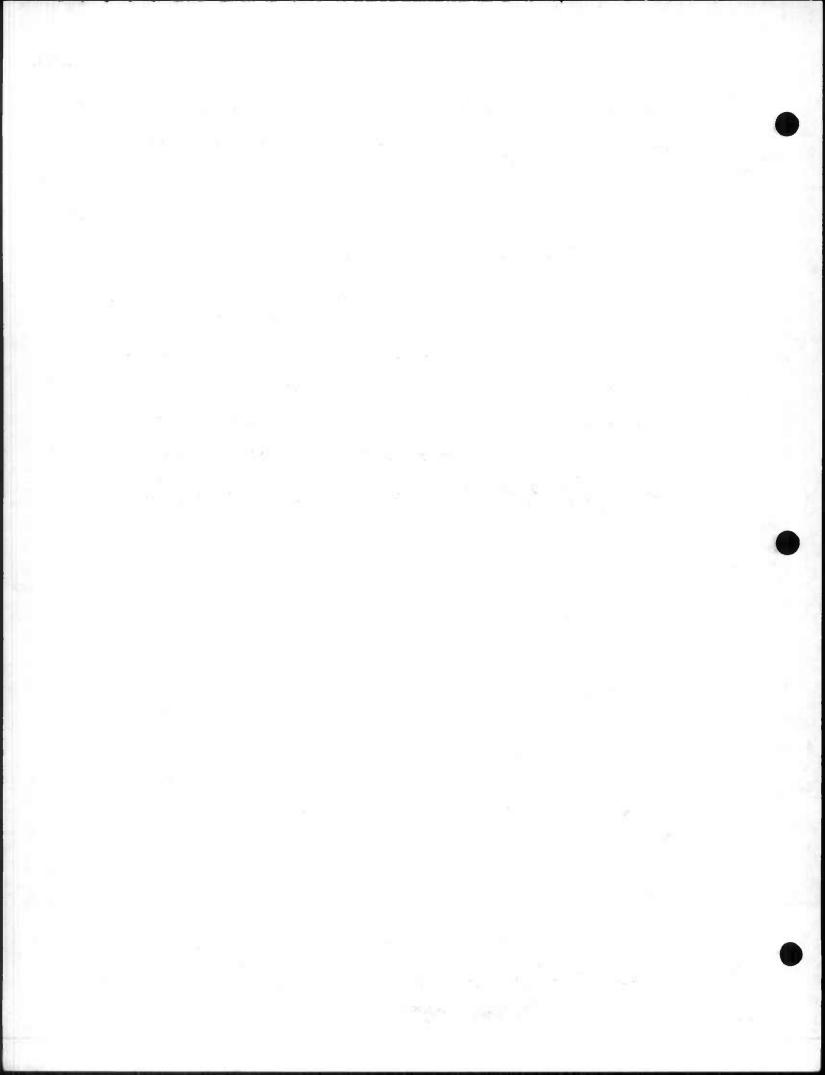
31. Deta filed (Month, Dev. Year)

1996



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			Certi	ficate of	Death		Reg. No.		0 7 1 1 0
LS.	1. Decedent's Name (First, Middle,	Last)	11.			2. Date of D	Peath		3. Time of Death
Physician /Modical	1-1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	HAMA	HUG	HE5		Decei	mber 22	1996	3:05 PM
/Medical Examiner	An Contille Manne Mant Institution .	nive street end number)			4b. City, Town, o				5.007
CXAIIIIIei	AUGSBUR	1 11	Hami	0		IMORE			nurE
				f Undar 1 Year					
Funeral Director		1 M 2 12 F		Months Days		n. (Month. L	Dey, Year)	9. Birthp	laca (State or Foraign
riector	Usual Residence of Decedent	6				June	19, 1929	131	ItIMORE
ž	10a. Stete 10b. County	10c. C	ity, Town or Locat	ion				1	0d. Inside City Limits
2 4	Maguland	1	. / •					1	1 12 Yes 2 □ No
Examiner must be notified at by Funeral Director	1111/14/1/7/1/	10.	Altim						
급		2. 1.		10f. Zip Code			10g. Citizen of	-	try?
la la	2125 Whishe	er Avenue		2/2	130		U.S	. A.	
Funeral	11. Marital Status	12. Was Decedent Ever in U Armed Forcas?	J,S. 13. Wa	s Decedent of es, specify Cub	Hispanic Origin? ( ban, Mexican, Pue	Specify Yas or Norto Rican, etc.)	lo- 14. Rad	e - Amaric	
L >		1 ☐ Yes 2 ☐ No If Yes, Give		Yes 200 No				Whit	
h	3 ☐ Widowed 4 ☑ Divorced	Yaar or Dates:		27	op cony.		Specin	V. WY X I C	
Completed	15. Decedent's (Specify only highest of		16a. Deceden	t's Usuai Occu	pation	ndkina	16b. Kind of B	usiness/Ind	lustry
ja	Eiementary/Secondary (0-12)	College (1-4or 5+)	life. DO	NOT use retire	during most of w	Orking			
5	9	0	Sales				Retail		
Be		st)			18. Mother's No	ame (First, Middl	e, Meiden Surnan	ne)	
10	John Gerwig				Mabel	Kurtz			
-	19e. Informant's Name/Relationship	(Type, Print)	19b. Meiling	Address (Stree	t end Number or I	Rurel Route Num	ber, City or Town,	Stete Zio	Code)
	Gary L. Hughes	Son		ilmslov			e, Maryl		
	20e. Method of Disposition		Place of Disposition			Dete	20c. Location -		
	1 XBurial 2 ☐ Cremation 3	Removal from State	cometery, crometed and Park	ory or other ple		12/28			
	4 □ Donation 5 □ Other (Spec				-	12/20	Baltimo	re, M	arytand
	21. Signature of Funeral Service Lie	nsee	22. N	ame and Addre	ess of Facility	David J.	. Weber I	uner	al Home
R	Marie 1	On/due)	5311	Edmon	dson Ave	. Baltir	nore, MD	2122	9
	23a. Part1. Enter the diseas for co shock, or heart failure. List on	mplications that caused the dea							Approximate
n	snock, or near tallure. Last on	y one cause on each line.							Interval Betwaen Onsat and Death
	tmmediate Ceuse (Final		10 - 1 -	1: 1	, ,	1			110
r	disaase or condition resulting in death)	a	myoca	ardial	Intare	etlon			72
6		Due to (	or es a consequer	nce of):	20660	100-	ERRY DI		
듄		b	CA	DIC	UNUMIAR	4/1/10	EKKY IJI.	18450	
Examiner	Sequantially list conditions, if any, leeding to immediate	Due to (	or as e consequer	nce of):	/	/			
		C							
edical	that initieted events resulting in death) Last	Due to (c	or as a consequen	ca of):					
Me		l d							
		O.							
S	Part ii. Other stgnificant conditions	contributing to death but not res	sulting in the unde	riying cause gi	ven in Part I.	23b. Dlo	tobacco uss co	ntributs to	the causs of death?
Physician						10	Yss 2 No	3□ Prob	ably 4 ☐ Unknow
by									
							s an eutopsy		re autopsy findings
Completed						per	ormed?	con	ilable prior to
E								Ord	eath?
						1 🗆	Yes 25 No	1 🗆	Yes 2□ No
Be	25. Was case referred to medical axaminer?					eath (Check only	one)		
2	1 □ Yas 2 No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3□ DOA Oti	ner: 4 Nursing	Home 5 ☐ Ras	sidence 8 DOth	ar (Specify	)
Ë	27. Manner of Death  1. Natural 5 Pending	28e. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo	ry et rk?	28d. Describe	how injury occur	red	
ertification:	2 ☐ Accident Investigation	on			Yes 2 □ No				
100	3 Suicide 6 Could not determine	286. Place of Injury - At n	oma, farm, street,	factory, office		28f. Location	(Street and Numb	er or Rural	Route Number,
Cer	4 E Homode	building, etc. (Specif	у)			City of To	iwn, Stete)		
	29a. Certifier 1 Certifying P	hystolan: To the best of my kno	wiedge, deeth oc	curred at the ti	me, dete end piac	e, and due to the	cause(s) and ma	nner as ste	ated.
edical	(Check only 2 Medical Exa	miner: On the basis of examine and menner stated.	tion and/or Invest	igetion, in my o	ppinion, death occ	urred et the time	, dete and place,	and due to	the cause(s)
Me	29b. Signature and title of certifier			29c, Licens	sa number		29d. Data signe	d (Month. E	Pav. Year)
	1	~	5		77	64	_		
	4	1			137573		Dec 23	(नन्	4
1	30. Name and address of person who		^	t)		0 11			
	Jet Zube			Height	is the	Dath	noe h	ND	Sozia
State	31. Date filed (Month, Dey, Year)	32. Registrar's Signa	ture	7					
istrar	DEC 2 7 1996	- La Landson-16	- Indiana						



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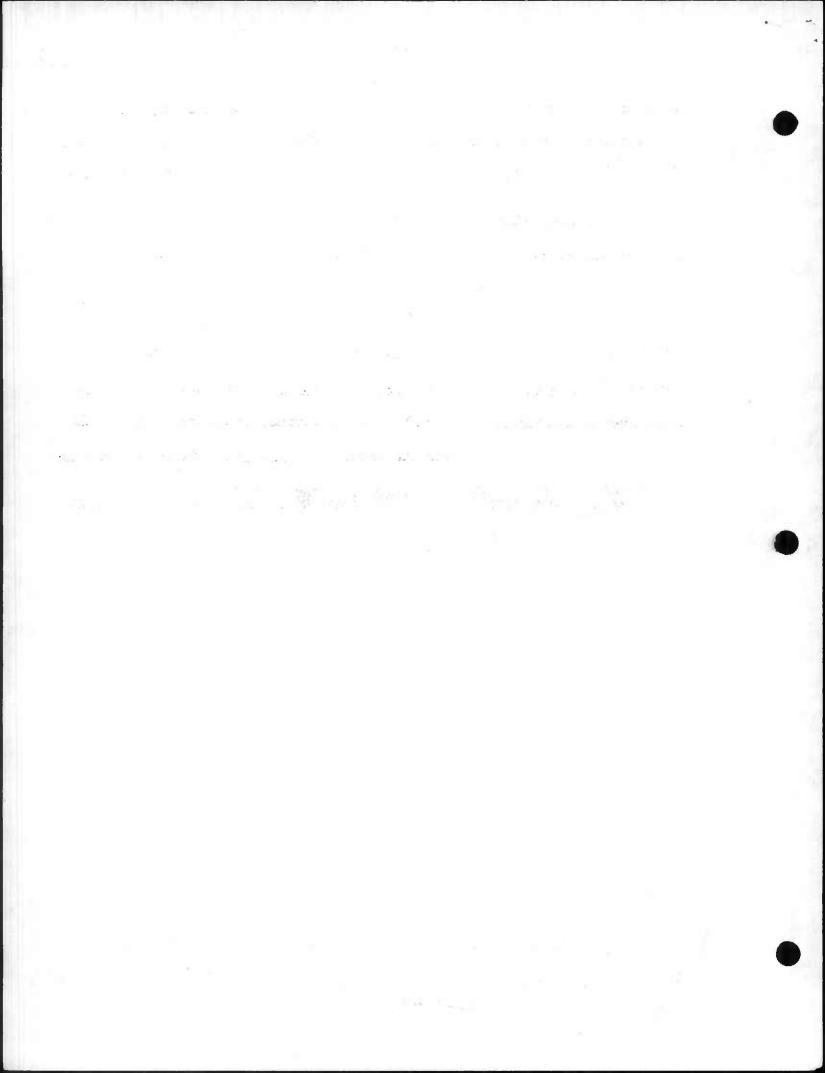
39241

					(	Certifica	ate of	Death	Y	Reg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle, Last	"W. Hiede	brai	d			2. Dete of Dec Month			Time of Death 4 1 que
Ì	Exami		4a Facility Name (Ikobi Institution, give PICKENGPUL 615	street end number) Chustnut	tre	rie, Ti		4b. City, Town, or Balhmi	Location of Death	4c. County		
	Funeral Director		5. Social Security Number 6. Se 214-54-3695 10  Usual Residence of Decadent	7. Age (In yrs		dey) If Un Monti	der 1 Yeer ns Days	If Under 24 Hrs Hours Min		1913	9. Birthplace (Country),	(State or Foreign
	Meryland f show	or	10a. Stete 10b. County  Md. Baltim		ity, Town	or Location					1000	side City Limits  ☐ Yes 2 No
	th the P or 28a- e notifi	Director	10e. Street and Number	ore .	LIMOII		Zip Code			10g. Citizen of	What Country?	
	th wil	aiD	2119 Forest Ridge	Rd.			21093	3		USA		
020	d within 72 hours after death with the Meryland liene. Then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Meritei Stetus  1 ☐ Never Married 2 Amarried  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever In Armed Forces?  1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:	J,S.	If Yes, s	cedent of F pecify Cub 2 No	lispanic Origin? (Sen, Mexicen, Puer Specify:	Specify Yes or No- to Ricen, etc.)		ea - American for ck, White, etc. y: White	
0-0	2 ho	ted	15. Decedent's Edu		18e. [	Decedent's U	sual Occup	ation	200	16b. Kind of B	usiness/Industry	
21215-0020	filed within 7 Hygiene. Ither than "r	Completed	(Specify only highest gred Elamentary/Secondary (0-12) 12	College (1-4or 5+)		e Make		during most of wo	rking	Own_Ho	ome	
Maryland	be filed tal Hygi d other event, t	Be	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle,	Maidan Suman	ne)	
yla	d 2 should be f th and Mental I 7 is marked of traumatic eve	2	John W.  19a. informant's Name/Relationship (7)		lecke			Pear1	н.		Klem	
Baltimore, Ma	permit. Pages 1 end 2: Department of Health au Important: If Item 27 is any injury or other trau		Mr. Melvin O. Hill  20a. Method of Disposition  1  Burial 2 Cremetion 3 F  4 Donalion 5 Other (Specify)  21. Signature of Funeral Service Lichns	debrand/husba 20b. Removal from State	nd 2 Piace of I cametery	119 Fc Disposition (I cremetory cod Cem 22. Name	Vame of or other please and Address	Ridge Ro	ural Route Number  1. Timoni Dete  2/27/96  11 Home,	um, Md, 20c. Location	21093 City or Town, S	State
			23a. Part1. Enter the disease, or compl	lications that assess the de-	th Door	1050	York	Rd. Tows	son, Md.	21204		roximate
Box 68760,	beath certificate be executed attending physician and attending physician and attending physician and attended at the burial-trensit	an/Medical Examiner	immediate Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to	(	Jare	tin		2	welle		
O. E.	the atter thed for t	Physician	Pert II. Other significant conditions cor	ntributing to death but not re	sulting in t	he underlyin	g ceusa giv	en in Part I.	23b. Did t	obacco uss co	ntributa to the	cause of death?
s, P.(	that the ed by detac	by Phy							10	rea 20 No	3 Probably	4 Unknown
Record	ew requires to seen so 2 should	Completed							24a. Was perfo	an sulopsy med?	avallable	ion of cause
	The see								101	es 2 No	1 ☐ Yes	2□ No
Viita	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:			Oth Oth	or A	ath (Check only o			
ō		To To	1 ☐ Yes 2 X No	28a. Date of injury	28b. Tir		28c. fnjur Wor	4 Nursing I	dome 5 ☐ Resid			
pivision	or Attending Father death. Director: After in by the funer	Certification:	1 Xvaturai 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide determined	(Month, Gey Year)  28e. Piece of injury - At I building, etc. (Spec	k? Yes 2□No	28f. Location (5 City or Tow	itreet end Numb		te Number,			
(	A Propostal	edicai Ce	29a. Certifier 11 Certifying Physical Control (Check only one) 1 Medical Examination (Check only one)	sfclan: To the best of my kn nar: On tha besis of examin and menner steted.	owledge, ation and/	deeth occurre or investigati	ed at the tir	ne, date and place pinion, daath occ	a, and due to the curred at the tima, o	cause(s) and modate and place,	anner as staled. and due to the o	ause(s)
)		Me	29b. Signature and title	Wy a	~		29c. Licens			0	d (Month, Dey,	
	Sta	ite	30. Nama and address of person who co	mpleted cause of daath (ita	G	ype, Print) 3 m		6701	N. Ch.	ules S.	T. Bu	Ho. me

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 39242

					Cei	tificate	e of Death		R	leg. No.	0 .	336	42
Physici	ian	Decedent's Name (First, Middle, L.							2. Data of Dee Month	th Day	Year		a of Deeth
/Medi		Helen Marie Hild	geman						Decembe			2:1	5 P.M.
Examir		4e. Fecility Name (If not institution, gi	ive street end numb	er)			4b. City, To	own, or Loc	ation of Daath	4c. County	of Deeth		
		Genesis Elder Ca	re Perri	ng Par	ckway		Balti	more		Baltin	more	Coun	ty
Funeral Director		310 40 4433	Sex 7. 1 ☐ M 2 🖾 F	Age (In yrs.	. last birthdey) Yrs.	If Undar Months	1 Yaar If Under Days Hours	Min.	8. Date of Birth (Month, Dey Sept. 4	Year)		iaca (Ste	te or Foraign
pur *		Usual Residenca of Decedent  10a. State 10b. County		100 0	ity, Town or Lo	oation							
death with the Maryland rms 23s or 28s-f show	ō	,	re County		timore	Cation					1		e City Limits
289 1000	rec	10e. Street and Number	ic count	y Dai	CHIDIC	10f. Zlp	Coda		1	Og. Citizan of	What Coun	itry?	
th with	al Di	6206 Hamilton Ave	enue			212				U.S.A.		,.	
or he	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 🏗 Divorced	12. Was Decede Armed Force 1 Tes 2 If Yes, Give Year or Dete	es? █ No			ent of Hispanic Or ify Cuban, Maxica		ify Yes or No- ican, etc.)		ca - America ck, White, o	etc.	١,
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othe other		20a. Method of Disposition		20b. I	Pleca of Dispo	The second second				20c. Location -			
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		23a. Part1. Enter the disease, or eath shook, or hard failure. List only	one dause on eac	sed the deat h line.	th. Do not ente	er the mode	of dying, such as	cardiac or	raspiratory arr	est,		Interval I	mata Between
ysician		Immediate Cours (Flori		1		21	4	والم				Onset an	nd Deeth
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ouriel		Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury	2								1		
hysic the b	Medical	that initieted events rasulting in death) Last	Ç	Dua to (c	or as e consequ	uenca of):							
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the et hed fo	SICI	Part II. Other significant conditions	contributing to deat	but not res	ulting In the un	derlying ca	use given in Pert	I.	23b. Did to	bacco uae co	ntribute to	the cau	se of death?
ta b	Physician/	Dementia							1 U Y	es 2 No	3 Prob	iably 4	Unknown
50	by	Demonita									T		
been si should I	pe								24e. Wes e	n autopsy	ava	illable pri	sy findings or lo
o	Completed			_					porion	)	con	npletion of	of causa
page 2	Eo								1 🗆 Ye	s 2DNo	10	Yes 2	P∏ No
certificata rector, pag	Bec	25. Was case referred to medical					26 Place	of Death	Check only on				
s cer	To B	examiner?	Hospital:	ationt 2	ER/Outpatien	3 DO/	Other			enca 6 □Oth	ne /Canaih	d	
更更		27. Manner of Deeth	28e. Dete of I (Month,		28b. Time of		Sc. Injury at Work?			ow injury occur	-	,	
Aftar funer	tio	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation		Day Year)	Injury	м	Work? 1 ☐ Yes 2 ☐	No					
Director: A	Certification:	3 Suicida 6 Could not be determined	28e. Place of	Injury - At he etc. (Specif	ome, farm, stre	et, factory,	office	28	of. Location (St City or Town	reet end Numb n, Stete)	er or Aurel	Route N	lum <i>ber,</i>
24 hours e Funeral C	edical C	(Crieda Orily 2 Medical Exal	nyalcian: To the be miner: On the basis	of examine	wledge, deeth	occurred a	t the time, date en In my opinion, dea	nd pleca, en	d due to the ce	euse(s) and me ate end pleca,	enner as stu	ated. tha caus	se(s)
Milhin 24 hours efter to the Funeral Director occupation of the complement filled in	Med	une)	end manner	stated.									
2 8	1	29b. Signature end title of certifier	2				Licansa number			9d. Date signa			7
, U	)	- Carrie	n -				3140	4		12/2			
N	/	30. Name end eddress of person who	completed cause of	f death (Item	n 23a) (Type, F	Print)	an fr	(	1	2	0.		
1.		SHUALIS A. H	HSHm1	, 82	21 N.	Enl	aw of	am	15 JO4	Ber	Ut. 1	ND	2/20
Sta	te	31. Date filed (Month, Dey, Year)	# 32. Regi	strar's Sign	Bill M.								and the second second
		DEC 0 7 1006	- 1.4	ין משפטייין	-								



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39243

						Certific	cate of	Death	F	leg. No.			
	Dharatal		1. Decedent's Name (First, Middle	, Lasi)		-			2. Deta of Dea Month	th Dey	Year		of Death
	Physici /Medi		PHILIP	H	HA	RAN	T		DECEMB		1996	9.	30 PM
*	Examir		4a. Facility Name (If not institution,	, giva street and number)				4b. City, Town, or Lo	ocation of Death	4c. County	of Death		
		ш	Good Samaritan				1-1	Baltimore			/A		
	Funeral			6. Sax 7. Age (In y.			Indar 1 Yaar oths Days		8. Date of Birth (Month, Dey	Year)	Coun	try)	or Foreign
٠.	Director		219-18-3712 Usuai Residence of Decedent	72					May 26	, 1924	Mary	land	
	Mand Mand		10a. State 10b. County	10c.	City, Town	n or Location	1				10	0d. Inside (	City Limits
	Many H	tor	Maryland N/A	Ba1	timore	2						1 ☑ Ye	s 2 No
	r 28s	Director	10e. Street and Number	041	OIIIOI C		f. Zip Code	·		10g. Citizen of W	/hat Coun	try?	
	h wit		5807 Sefton Ave.					21214			U.S.A		
	172 hours after death with the Maryland natural', or items 23a or 28a-f show ideal Examinet must be notified at	Funeral	11. Marital Status	12. Was Decedent Ever in Armed Forcas?	ı U,S.	13. Was E		Hispanic Origin? (Sp ban, Mexican, Puarto	ecify Yes or No-	14. Reco	- America	an Indian,	2 11
0	or its		1 Never Merried 2 Narrie	ed 1⊠Yes 2□No	T			Specify:	riicari, atc.)		k, White, o		
00	rral',	d by	3 Widowed 4 Divorced	If Yes, Give Year or Dates: WWI	1	1011	45 24110	opecny.		Specify	wnite		
Maryland 21215-0020		Completed	15. Decedent' (Specify only highes	s Education t grada completed)	16a.	Decedent's (Give kind o	Usual Occu	ipation o during most of work ed)	ing	16b. Kind of Bu			
12	filed within Hygiena. ther than " mt, the Mo	du	Elementery/Secondery (0-12)	College (1-4or 5+)	<b>51</b>					Baltimore	e Gas	& Elect	C1C
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an	d be	o Be	John Harant					Marie	Tishler	mologii Califolii	"		
Z	2 should be end Mental is marked o	To	19a. Informant'a Neme/Relationsh	in (Type Print)	19b	Mailing Add	dress /Stree	of end Number or Rur		r Cltv or Town	State Zin	Codel	
	s 1 and 2 should be filed within f Health and Mental Hygiena. tem 27 is marked other than ' other traumetic event, the Ma		Mrs. Mary Harant	the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	_	ame as				, ony or round	01010, 24	0000)	
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в	Examiner		resulting in death)			consequence		CREATIN	5 000	C/14 01-1	77 10	none	JOWIN
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29d. Data signed (Month, Day, Year)

December 26, 1996

				Stat	e of M	aryland /		rtment tificate			and Men			6	39244
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	Medica amine	r	4e. Facility Nama (If not institution Iniversity of M	_			nter		4	Bal	wn, or Location	on of Death	4c. County		12.05
Fun Dire			5. Sociel Security Number 216-07-4660	6. Sex 1X M 2□	7. Aç	ga (In yrs. last I. 86	virthday) Yrs.	If Under 1 Months	Yaar Days	If Undar 2 Hours	Min. Se	Date of Birth Month, Day Otember	15°,1910	Coui	olaca (Steta or Foreign ntry) unsylvania
Maryland	Ofedat		Usual Residence of Decedent 10a. State 10b. County Maryland Bal	timore		10c. City, To		cation Landvi	11e				10d. Inside City Limits 1 ☐ Yes 2 ሺ No		
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Deperment of Health and Mental Plygiene. Important: If Itam 27 is marked other than "natural", or itams 23a or 28a-1 show	rust be no	ב ב ב	10e. Street and Number 2419 Still Forr		Baradan.	F	40.1		208			10g. Citizen of What Country United State:			es
020 urs after de al', or itam	Examiner	2	11. Marital Status  1 Never Merried 2 Mar  3 Widowed 4 Divorced	ried 1.000	Decedant of Forcas? Yes 2 s, Give or Detes:	Evar in U,S. No WWII			Decedent of Hispanic Origin? (Specify Ye specify Cuben, Mexican, Puarto Rican, as 2因 No Specify:					k, Whita,	
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Baltil pemit. P Departm Importar	any Injur		20e. Method of Disposition  1 Buriel 2 Determine the dependence of Disposition (Name of Cemetery, cremetory or other place)  4 Donetton 5 Other (Specify)  21. Signature of Funerel Service Licensea  22. Name and Address of Fecility Mitchell—Wiedefeld H 6500 York Rd.  Baltimore, MD 21212												ne, Inc.
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cords requires been sign	8 3	combiered by	Diabetes mel						*			24e. Was ar perform		av	era autopsy findings vallable prior to impletion of cause death?
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ospital hours a	pellit vi	1	29a. Certifier 1 Certifyin	g Physician: To	the best	of my knowledg	e, deeth	occurred at	the tim	ne, dete end	d plece, and	due to the ca	use(s) and ma	nner as s	tated.

State Registrar

Univ. of MD Cancer Center 22 S. Greene St. Baltimore, MD 21201

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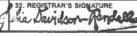
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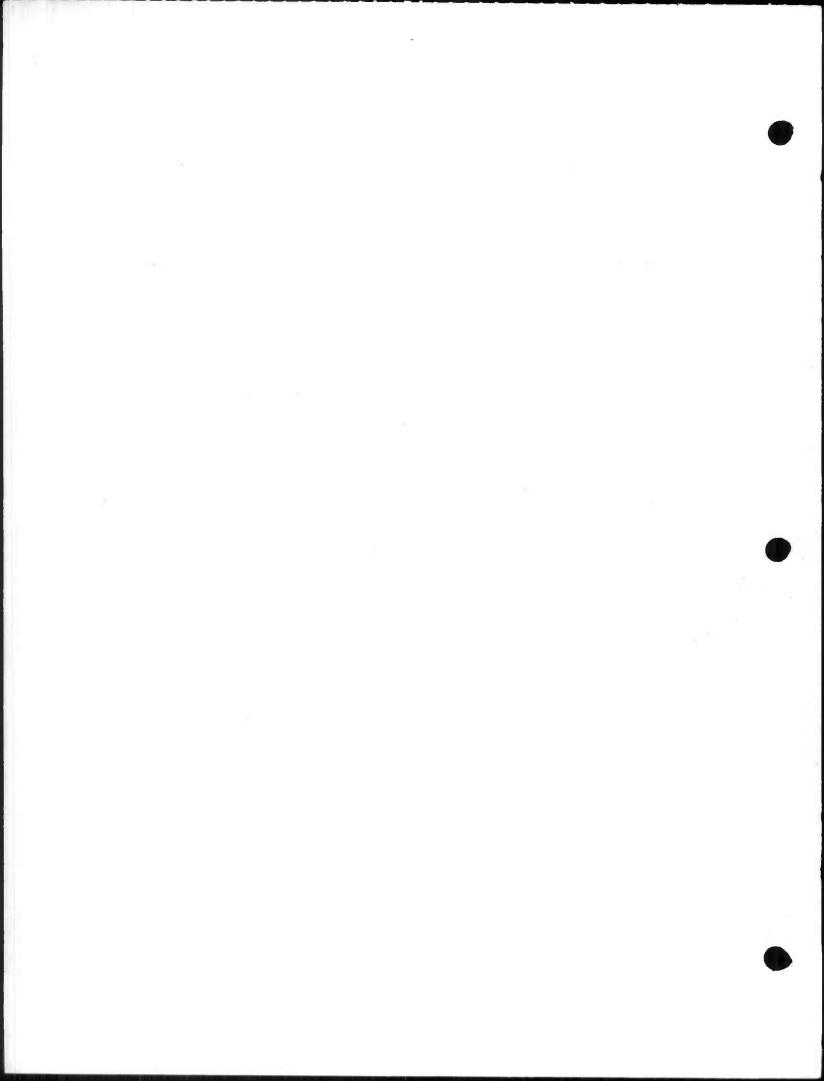
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er death. Page 6 may be retained by the hospital or attending physician.  the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should wal.  Il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				IYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLE	S MILLA	ARD JO	HNS	ON	2. DATE OF I	DAY	3. TIME OF DEATH			
		5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  9. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day)  1. May 2 F 8. AGE (IN yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.					ly; Ybar)	BIRTHPLACE (State or Foreign Country) MARYLAND			
OR	Se. FACILITY NAME (II not Institution, give street ATON MANO	R end number)		330U	JILKEN	S AUS		9c. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY			OWN OR LOCAT			10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	V/A	BA	LT/M	ZIP CODE	1 1 YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	3330 WILKENS		110 401450	1 40 4440 050	21229	•	U	U-S A No.— 14. RACE — American Indian.			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DAT	2 NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE Black of Yes, specify Cubsn, Mexican, Puerto Ricen, etc.)  1 YES 2 NO Specify: Specify							
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos kired.)	st of working	D OF BUSINESS/INDUS					
MPL	12	Conege (1-4 or 5+)	CHAL	IFEI				COMPANY INC			
BE CO	17. FATHER'S NAME (First, Middle, Last) BENUAMIN	JOHNSON			ETHEL	- BUC	Ile, Melden Surname) CHANNA				
10 B	190. INFORMANT'S NAME (Type/Print) ALICE Vo HEN	ICE	196. MAILING AD	DRESS (Street .	LE RD		City or Town, State, Zip Co LTIMORE M.				
	20e. METHOD OF DISPOSITION  1 A Burlisi 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION /Name of  1 A Burlisi 2 Cremetton 3 Removal from State  20c. LOCATION — City or Town, State										
	4 Donetion 8 D Other (Specify)  21. SIGN TUBE OF FUNERAL SERVICE LICE	NSEE	D. Nationa	22. NAME AN	D ADDRESS OF FA		Home	L MD			
	Joseph R. W	alties or		108	W. Nort	th A	JE BALT	MPZIZOI			
	23. PASS i. Enter the diseasea, or co shock, or heart fallure. Li	mplications that caused at only one cause on ea	the death. Do not ch line.	enter tha mo	de of dying, suc	h aa cerdlec	or reapiratory arrea	t, Approximate interval Batween Onset and Death			
	disease or condition resulting in death) s. dung Carrier										
z	DUE TO (OR AS A CONSUMBLIENCE OF):										
AT10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	d										
MEDICAL				are anaonym,	y codac given in		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH	(Check only one)	ONCERIAI	A					
IVSI		1 🗌 Inpatient 2 🗆 ER/Outpa	itlent 3 DOA 4		e 5 Residence	_		RED			
BY PF	1 Netural 5 Pending 2 Accident Investigation	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO									
ED	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, streel, lactory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, streel, lactory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route Number of Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or										
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BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mmou ri	<b>\</b> .		29c. LICENSE NU	MBER 29/	29d. DATE 5	196 (Morth, Day, Year)			
10	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			3000	BALT	IMORE, M	12 21201			
	31. DATE FILED (Month, Day, Year) DEC 2 7 1996	32. REGISTRAR'S SIGNA					/				







State of Maryland / Department of Health and Mental Hygiene 96 39246

					Cer	tificate of	Death		Reg. No.			
		1. Decedent's Name (First, Midd	le, Last)					2. Date of De			3. Time of 0	Death
Physic		Elizabeth		K	utche:	r		Month Decembe	er 24	Year 1996	8:38	nm
/Med		4e. Fecility Neme (If not Institution	n, aive street end numi				4b. City, Town, or	1	1	y of Death	0.50	Pill
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Funeral			6. Sex 7	'. Age (In yrs. les	Yrs.	Months Days	Hours Mir	. (Month, D	nh ey, Year)		place (Stete or ntry)	Foreig
Director		220-12-6740	X	90	115.			July 3	, 1906	Mary	land	
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ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland the Heath and Mental Hygiene. Item 72 is marked other than "naturelt, or items 23s or 28s-4 show other traumatic avent, the Medical Examiner must be nourised at	Directo	10e. Street end Number				10f. Zlp Code			10g. Citizen of	Whet Coun	nfry?	
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Baltimore, Maryland permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic avent once.	2		orr				Cath	erine	Hock			
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		John F. Kutche	r, Sr. (Son	n)	3207	Rolling	Green D	rive, Ch	urchvil:	le, M	D 21028	В
		20a. Method of Disposition		0.00	ce of Dispon	sition (Name of netory or other ple	ice)	Date	20c. Location	- City or To	own, Stete	
		1 ⊠ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (5		ate		Redeeme	*	12-28	Baltime	oro	Marular	nd
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Physician: this certific	To	1 Yes 2 XNo	1 Linp		R/Outpatien	JU DON	4 AD INGISING	Homa 5 ☐ Res			y)	
	on:	27. Manner of Death  ½XNatural 5 ☐ Pendir	28a. Data of (Month,	Dey Year) 2	8b. Time of Injury	28c. inju	ry at rk?	28d. Describe	how injury occur	rred		
	Certification:	2 ☐ Accident investi				M 1 🗆	Yes 2 □ No					
or Attendent after deat Director:	ti i	3 Sulcide 6 Could 4 Homicide determ	fined   286. Pieca of	f Injury - At home, etc. (Specify)	e, ferm, stre	et, factory, office			(Street and Num wn, Stete)	ber or Rura	I Route Numb	er,
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五芒星車	dical	29a. Certifier (Check only one) 1 Certifyir 2 Medical	g Physician: To the be Examiner: On the basi end manna	la of examination	edge, death n and/or inv	occurred at tha the estigation, in my o	me, date and plec opinion, daeth occ	e, and due to the surred at the time,	ceusa(s) and m date and place,	anner as st and due to	tated. the cause(s)	
within 2 To the concle	Σ	29b. Signetura end title of certifie	v _			29c. Ligens	se number		29d. Defe signe	ed (Month,	Dey, Yeer)	
	1	1 / Cyche	15 1-1			1/1	5504		12 25	25		
~		, ,										
X		30. Name and address of person				*						
U		Eddie Nakh				Dulaney N	Valley Ro	d., To	wson, Mo	d. 21.	204	
St	ate	31. Date flied (Month, Dey, Year)	" 32. Reg	iştrar's Signatur	91.00							
Regist	rar	DEC 2 7 1996	الما الما الما الما الما الما الما الما	Marcon - Mar	1							

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death

**Physician** 

/Medical Examiner

Director with the Maryland 28a-f show items 23s or death v hours efter O

the Medical Examiner must be notified at natural filed within 72 | al Hygiene. Pages 1 and 2 should be nent of Heelth and Mental and Mental permit. Pages 1 and 2 Department of Heelth a Important: If Item 27 Is any Injury or other trat

Maryland 21215-0020

Baltimore,

Box 68760

P.O.

Division of Vital Records,

**Physician** /Medical Examiner

pue The law requires that the death certificete be execu physicien the 98 guipu апел signed by the at d be detached for certificete Attending Physician: this After death. ofter death Director:

6

With To In

Be 0 Physician/Medical þ Completed Be OL Certification: edical 31. Date filed (Month, Day Year)

3990 5. Social Sacurity Number **Funeral** 8305 6939 10a State Director ( bestero 10e. Street and Number 9990 11 Marital Status þ 3 Widowed Completed 8YRS STINI 20a. Method of Disposition Immediate Cause (Final diseasa or condition resulting in death) Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last

25. Was cese referred to medicel examiner? 1 Yes ≥ No 27. Manner of Death Natural 2 Accident 3 Sulcida 4 Homicide

5 Pending Investigation

6 Could not be determined

29a. Certifier (Check only onel

1. Decedent's Name (First, Middla, Last) Month Kollousk DERSMBER 23 1996 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death If Under 1 Year If Under 24 Hrs. BURRIDGE BALTIMOR 8. Date of Birth (Month Day, Yaar)
AVEW 1 5 1916

9. Birthplaca (Stata or Foreign Country),
P. Country),
P. Country),
P. Country) 6. Sex 7. Age (In yrs. last birthday) 1 M 25 F Months Days Hours 80 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location BALTIMORE 10f. Zip Code 10g. Citizen of What Country? KOAD U.S.A 31334 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - Americen Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 200 No 2 Married Yas 1 ☐ Yes 200 No Specify 4 Divorced Year or Dates: 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SIGNIMAXS CLOTHING 202 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) BENDER SWISTIKIS 1AGGAI 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 2620 BURRIOGE RKV, W AIRICIA A. KONOWK 20b. Place of Disposition (Name of cematery, crematory or other place) Date 20c. Location - City or Town, Stata DEC. 34 Burial 2 Cremation 3 Removal from State HARKVILLE 4 ☐ Donation 5 ☐ Other (Spacify) 1301 21. Signature of Euneral Service Lion 22. Name and Address of Facility pRu 8300 HARFOR 12020 23a. Part1. Enter the disease, or complications that the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one causa on unit line.

a consequence of)

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 28d. Describe how injury occurred 1 Yes 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Yes 25 No

2 No

24a. Was an autopsy

1 ☐ Yas

Scriffying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

RRA

of drawdom's the last Por MEHTAGI 29d. Date signed (Month, Day, Year)

23b. Did tobacco use contributs to the cause of death?

3:25 An.

10d. Inside City Limits

Approximate Interval Between Onset end Death

3 Probably 4 Unknown

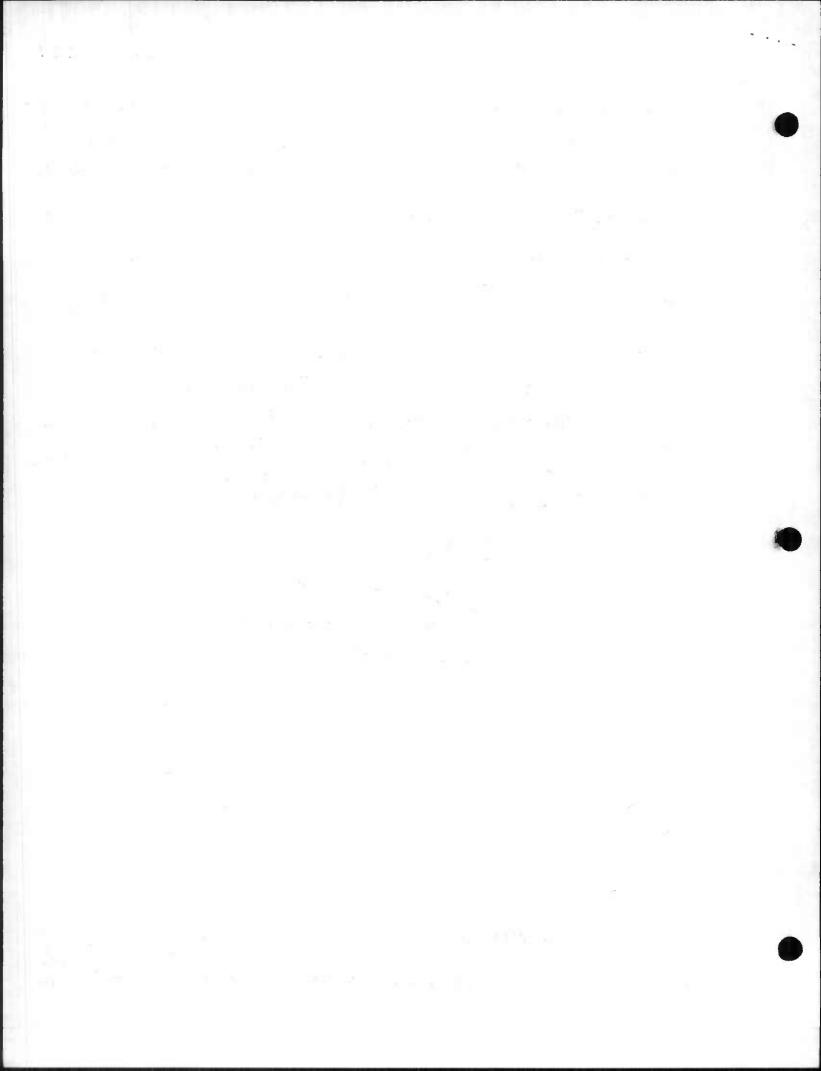
24b. Were autopsy findings available prior to

completion of cause of death?

1 ☐ Yes 2 ☐ No

WHITE

1 ☐ Yes 20 No



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month 3. Time of Deeth HNOY FRANK DICIMBIRAL 1996 8:05 A.D 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth 4b. City, Town, or Location of Deeth 140 AO If Under 24 Hrs. 8. Dete HIGHVIEW If Under 1 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 6. Sax 7. Age (In yrs. lest birthday) M 20 F Months Deys Hours Min 31) 05 4343 Usuel Residence of Decedent 119 Yrs. FEB. 13 1917 LOUISIANH 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No CECIL MARYAND 00001060 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? KOAD 40 HIGHVIEW U.S.A 21918 Was Decedent Evar in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritel Status Yes 2 No If Yes, Give Yeer or Detes: W 1 Nevar Married 2 Married 1□ Yes 2 No Specify. 3 Widowed 4 □ Divorced Tilkwi 15. Decedent's Education (Spacify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) byRs. NUSHOREMEN LOCAL Union#953 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) KEMPA GRABOWSKI LARA 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) anowinto, MARYLAND 120013W GADI WILLYHOLL GAD DIANA 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Steta H6.720 1 Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE BILLIA 1796 21. Signature of Funeral Service City 22. Neme end Address of Facility

EVAN FUNKA CHAPIL - BILAIR, P.A. ORIVE 3 NEW PORT Now FORST HILL MO.21050 23e. Pert1. Enter the disease, or complications that aused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errast, shock, or heart feiture. List only one cause on a chiline. Approximete Intervel Between Onsat and Daeth CARCINOMA Immediate Ceuse (Final LUNG disease or condition resulting in deeth) Due to (or es e consequença of) Due to (or es e consequence of) Dua to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of causa of death? 24e. Was an autopsy performed? 1 Yes 200 No 1 □ Yes 2 □ No

Physician /Medical Examiner

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After

after death.

within 24 hours a To the Funeral C

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In by t

Completed

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Certification:

Medical

and

physician

that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital I or Attending Physician: after death.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

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Herris 23a

"natural", or

permit. Pages 1 and 2 should be filed within.
Department of Health and Mantal Hygiena.
Important: If I tem 27 is merked other than 'n any injury or other trauman.

Director

Funeral

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Completed

traumatic event, the Medical Examiner must be notified at

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Last Physician/Medical by

26. Piece of Deeth (Check only one)

25. Wes case referred to medical exeminer? 1 Yes 2 No

28a. Dete of Injury (Month, Day Year) 5 Pending Investigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28c. Injury et Work?

Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)

28d. Describe how injury occurred

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

27. Manner of Deeth

Naturel

2 Accident

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examinar: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

1 Yes 2 No

29c. Licansa number

BEL HiR

29d. Data signed (Month, Day, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) JOAN

6 Could not be determined

31. Dete filed (Month, Dey, Year) DEC 27 1996

29b. Signature and litia of certifier

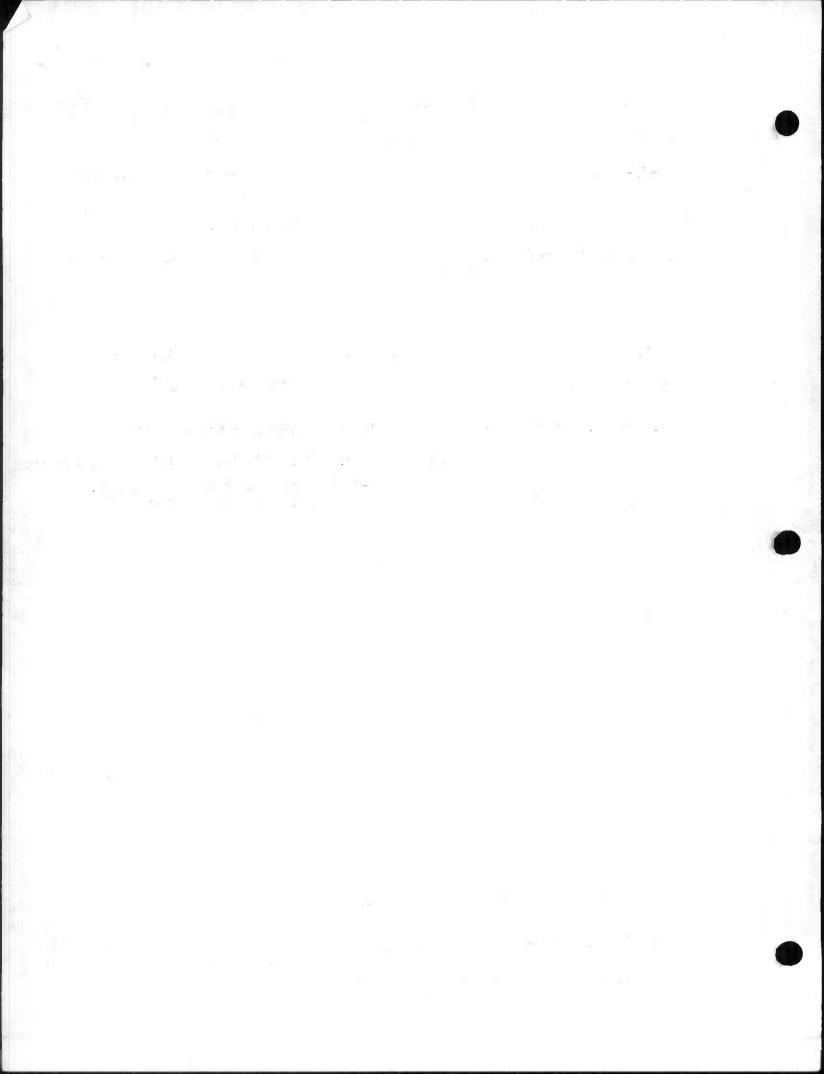
OWARD 2112

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

					Cen	tificate o	f Death			Reg. No.			
Physicia /Medica	FLOSSIE KIEL							Day MBER 32	Yeer 1996	3. Time of Death 5.55 am			
Examine		4e. Fecility Neme (If not institution, g							cation of Deet		P	1/1	
		HARBOR HOSPITAL		UII					NORE		1	14	
Funeral Director		5. Social Security Number  407-22-8284  Usual Residence of Decedent	Sex 7. A. 1 □ M 2 ☑ F	ge (In yrs. lest b	Yrs.	Months Dey		Min.	8. Date of Bir (Month, De April	v. Yeer)		idce iState or Foreig try) tucky	
natural, or items 23a or 28a4 show preal Examiner must be notified at		10a. Stete 10b. County		10c. City, To	wn or Loc	ation					1	0d. Inside City Limit	
"natural", or items 23a or 28a-f show idical Examiner must be notified at	Director	Maryland 10e. Street end Number	N/A			10f. Zip Code		etimo	re Cit	y 10g. Citizen of		1X Yes 2□N	
38 04		1007 South Keny	rand Avenu	2		Ton. Zip Code		224			-		
ms 2	Funeral	11. Merifal Status	12. Wes Decedent	Ever in U.S.	13. W	es Decedent o			ecity Yes or No		ed St		
or its		1 Never Married 2 Married	Armed Forcas' 1 ☐ Yes 22☐ If Yes, Give		or in U,S.  13. Wes Decedent of Hispanic Origin? (Speif Yes, specify Cuben, Mexicen, Puerto  1 □ Yes 2 □ No Specify:						ck, White,	etc.	
E. E.	d b	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:			L 165 20 N	o Specify:			Specif	y: Whi	te	
Office	Completed	15. Decedent's l (Specify only highest g	Educetion rade completed)	186	. Decede	ent's Usuel Occ ind of work dor O NOT use reti	upetion e during mos	t of worki	ng	16b. Kind of B	usiness/ind	fustry	
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markad other matic event, I	Be	Russell Music	•/						Hall G		ne)		
traumatic	2	19a. Informent's Neme/Relationship	(Tyne Print)	10	h Meiline	Address /Stro				ODLE or, City or Town	Ctota 7ia	Codol	
tran												C000)	
other	ı	Mrs. Mary E. Hall 20e. Method of Disposition		20b. Plece	OI DISDOS	ition //ve/me or		ice,	Yukon,	Oklahor 20c. Location	na- City or To	wn, Stete	
5		1 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec				etory or other p L Mem.		101/0	1/06	N: 110 a	n.		
Injury	-	21. Signeture of Funerei Service Lice		Horry	22.	Name and Add	ress of Fecilit	1272	4/90	maare	Kive	r, Maryla	
permit. Pages 1 e Department of Hea Important: if item any injury or othe		21. Signeture of Funerel Service Licensee  22. Name and Address of Fecility  Duda-Ruck Funeral Home of Dundalk, Inc.  7922 (Hitz Aug. Dundalk, Inc.)											
	-	23e. Pert. Enter the dispese, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest.  Approximate											
cian		shock or heart fellure. List onl	y one ceuse on each l	ine.	THOU OTHER	110 111000 01 0	y 11g, 3001 03	00101000	i respiretory er	1031,		Intervel Between Onset end Deeth	
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s me bunal-transit	Examiner	Sequentially list conditions	b. 0, ( ) E	Due to (or es e			0.12		713 770	010010	1		
9	lica	Due to (or es e consequence of):  d. CONGESTIVE LAEART FAILURE											
use a	n/Medical												
od for	Physicial	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.								ntribute to	the cause of death		
detached	yr,	235. Did tooled							/		ably 4 Unknow		
	by												
should										en eutopsy	24b. We	re eutopsy findings	
ga 2 sh	Completed								polito		cor	npletion of cause leafh?	
aged a	0								101	es 25 No	1□	Yes 21 No	
ctor,	e Re	25. Was cese referred to medicel exeminer?					26. Piece	of Deeth	(Check only o	ne)			
÷ 5	0	1 Yes 2 No	Hospitel:	ent 2 ER/O	utpetient	3□ DOA	ther: 4 🗆 Nu	rsing Hon	ne 5□Resid	lence 8 DOth	er (Specify	)	
funeral d		27. Menner of Deeth  1 Netural 5 □ Pending	28e. Dete of Inju (Month, De		Time of Injury	28c. Inj	ury et ork?	2	28d. Describe I	now Injury occur	red		
the fu	Certification:	2 Accident Investigation					☐Yes 2☐	No					
in by the		3 ☐ Suicide 4 ☐ Homicide  3 ☐ Suicide 4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  5 ☐ Could not be determined building, etc. (Specify)  5 ☐ City or Town, Stete)								per or Rural	Route Number,		
B 6													
completely filled in by the funeral	edical	29e. Certifier 1 ✓ Certifying P (Check only one) 2 ☐ Medical Exa	nyefcien: To the best miner: On the besis of	r exeminetion er	a, deeth o	occurred et the stigetion, in my	time, dete end opinion, deet	d plece, e	nd due to the o	ceuse(s) end me dete end plece,	enner es ste	eted. tha ceuse(s)	
completely filled	-	29b. Signeture end fitte of certifier	end menner sto	eted.			nse number						
8		V-Chandre seleh		YE in				16.11.		29d. Dete signe			
			410	TERNAL M		UG ST	300 110	1014	L CENT	DECEMB	~ ~ ~	9,1776	
-		30. Name and address of person who CITA-N DRASEICHARRED	Completed ceuse of d	Dn > 300	(Type, Pr	TH HANGE	VER ST	PITA	BALTI				
CALL		31. Defe filed (Month, Dey, Yeer)	1 4 15 makes	Danie M					13/16/11	1016			
State Registrar		DEC 2 7 1996	A Davids		_								

DHMH 16 Rev 6/95



1. Decedent's Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

39250

3. Time of Death

2. Date of Death

Other: 4□ Nursing Home 5 Residence 6 □ Other (Specify)

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

12.26.96

29d. Date signed (Month, Day, Year)

Physici /Medi		Bertha Iren	e Kolb							Decembe	er 25, 199	96	7:24 A.M.
Examir		4a. Facility Name (If not instituti		um <i>ber)</i>						ocation of Dea		y of Death	
EEL II		6321 Ridgeview A		T 4 a 4 da 1	4 h !- th - f 1	If Under		Baltima If Under			N/A		
Funeral Director		5. Social Security Number 217–09–5478 Usual Residence of Decedent	6. Sex 1 ☐ M 2 🗶 F	3 (11)			Days	Hours	Min.	8. Date of B (Month, D January	23,1920	9. Birthp Goun Mar	lace (State or Foreign frx) y I and
Mand	۰	10a. State 10b. Coun	ty	10c. City	, Town or Lo	cation						1	0d. Inside City Limits
the Merylan 28a-f show	tor	Maryland N/A	Α	Ralt	imore,	City							1 No Yes 2 □ No
or 28	Director	10e. Street and Number	•	Dur	1110, 0,	10f. Zip	Code				10g. Citizen of	What Cour	itry?
23a	Funeral D	6421 Ridgeview	Ave.				21200	5				U.S.A.	
72 hours after deeth with the Menyland natural; or flems 23a or 28a-f show pical Examiner must be notified at		11. Maritel Status  1 Never Married 2 Ma  3 🕅 Widowed 4 Divorce	Armed F	If Yes, Give		If Yes, specify Cuban, Mexic		ispanIc Origin? (Specify Yes or No- n, Mexican, Puerto Rican, etc.) Specify:		Bla	14. Rece - American Indian, Black, White, etc. Specify: White		
be filed within tal Hygiena. d other than	ted by	15. Decede	ent's Education		16a. Dece	dent's Usue	Occup	ation			16b. Kind of E		
	pie	(Specify only high Elementary/Secondary (0-12)	est grade completed, College	) (1-4or 5+)	(Give life.	kind of wor DO NOT us	k done e retire	during mos d)	st of work	ing			
	Con	7			Wait	ress					Foo	d	
	To Be	17. Fether's Name (First, Middle William Ingles	), Last)					18. Moth		e (First, Middle	e, Melden Surne	me)	
		John Kolb / Son  20a. Method of Disposition  1 Burial 2 Occemation  4 Donation 5 Other (  21. Signature of Funeral Service  Mary T	Specify) e Licensee Mark	State Hill T. Zavoyna	ace of Disponderly, crer  Itop Se	rvice ( Name and Leonal 5305 I	orpo i Addre	oration ss of Facili Ruck ord Roa	Funer		Inc. e, Marylar	Maryla	and 21204 4
Physician /Medical Examiner		23a. Part1. Enter the disease, shock, or heart failure. List Immediate Cause (Final disease or condition resulting In death)	ne cause on	CARDIO-P	ULMONA	MAY A	of dylr		cardiac	or respiretory	arrest,		Approximete Intervat Between Onset and Death
3 5	ner				es a consec		M						14 DAYS.
death certificate be executed e attending physician end ed for use as the burial-transit	sician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	EXACE as a conseq MONIA as a conseq	uenca of):							14 DAYS.
the atte	sicia	Part II. Other significant condit	lons contributing to d	leath but not resul	ting In the u	nderlying ca	use giv	en in Part i	l.	23b. Did	tobacco use co	ontribute to	the cause of death?
ras that the igned by the	by Phy	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  COLON									ebly 4 Unknown		
s law requi has been s je 2 should	Completed b	BRENT CA	<u> </u>								s an autopsy ormed?	ave	ere autopsy findings allable prior to mpletion of cause death?
stifficata ctor, peg	Be Col							e of Deat		1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No eath (Check only one)			

State Registrar

Medical Certification:

1 Yes 2 No

5 Pending investigation

6 Could not be determined

DAI-TRANG BLIZABETH

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

27. Menner of Death

2 Accident

3 Suicide

29a. Certifier (Check only one)

4 Homloide

29b. Signature and title of cartifier

DAT-TRANGE. LE

1 Natural

BREHMS LANG MEDICAL CENTER, 3400 BREHMS LANG, BALTIMORE, MD 21213

D. 9/2 sour le

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of Injury

NIA

NIA

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medicat Examinar: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

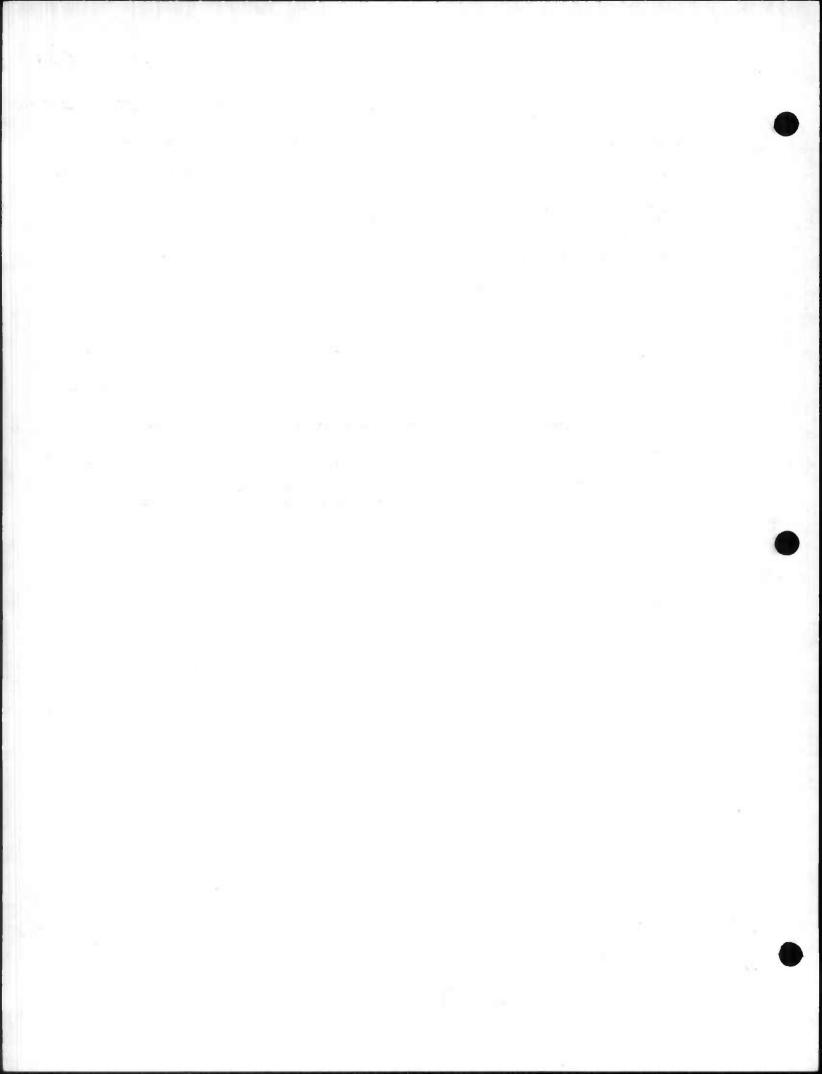
M 41140

1 Yes 2 No

Date of Injury (Month, Day Year)

State of Maryland / Department of Health and Mental Hygiene 95 39251

_					in y later or	Certificate of		R	leg. No.	U	33231		
Physici /Medic Examin		ian	1. Dacadant's Nema (First, Middla, La	st)		Kessle		2. Data of Dea Month		Year	3. Tima of Death		
			Gertrude	r	Dec.	21, 1	.996	10:00 p					
		As Franklin Name (Mark Institute of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of											
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	Funerai Director		5. Social Sacurity Number 6. S 212-05-9862 Usual Rasidance of Decadant	6ax 7. A	ga (In yrs. last bi	Mantha Da		8. Data of Birth Month, Day July I	8,1916	9. Birthpl Count Pen	leca (Stata or Foreign try) insylvania		
	h the Maryland r 28a-f show	tor	10a. Stata 10b. County N/	'A	10c. City, Tow	m or Location altimore				10	0d. inside City Limits 1   Yas 2 No		
ter death witi	al Director	10e. Street and Number 3737 Clarks Lan	e, Apt. 2	06	10f. Zip Cod	L215	1	0g. Citizan of W USA	/hat Count	try?			
	ours after des	by Funeral	11. Marital Status  1 ☐ Navar Married 2 ☐ Marriad  3 ☒ Widowad 4 ☐ Divorcad	12. Was Dacedant Armed Forces 1  Yas 2 1 If Yas, Give Yaar or Datas:	?	13. Was Dacedant of If Yas, specify C	of Hispanic Origin? (Suban, Maxican, Puart No Specify:	pecify Yas or No- o Rican, atc.)	14. Race Blac Specify	a - Amarica k, Whita, a			
2-0	n 72 hours "natural", edical Ex	ted	15. Decedant's Ed	lucation	16e	Dacadant's Usual Oc	cupation		16b. Kind of Bu	sinass/Ind	Justry		
21215-0020	d within giana. r than "	Completed	(Specify only highast gra Elamentary/Secondary (0-12) 12	Coilage (1-4or	5+)	Dacadant's Usual Oc. (Giva kind of work do lifa. DO NOT usa rel		king	Const	truct	ion		
pu	be filled tal Hygie d other event, to	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Ner	na (First, Middle, I	Me <i>idan Sum</i> em	е)			
Maryland	TI S D .	To	Marcus		Ka	atz	Jen	nie		Schu	ılman		
lan	2 should and Men is marks sumatic	ľ	19a. intormant's Name/Relationship (	Type, Print)	198	. Mailing Address (Stre	eat end Number or Ru	ıral Routa Number	City or Town,	Stata, Zip	Code)		
	Haalth Haalth tam 27 is		Mr. James M. Kess	ler (	Son)	L2150 Henes	sonGarth O	winas Mi	lls, MD	2111	7		
Baltimore, Maryls permit. Pages 1 and 2 should Department of Heath and Mer Important: If item 27 is marke any injury or other traumatic once.	of Ha		20a. Mathod of Disposition		20b. Placa o	t Disposition (Nama of			20c. Location -				
	Page nant nt: H		1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specific				filoh -	12-24	4-1996	Balti	more, MD		
		21. Signatura of Funarai Sarvice Lican	saa /	0	22. Nama and Ad								
_	70 = 4 0		Dear 111	Mol	2	8900 Rei	LEVINSON sterstown	Road Pil	INC.	a. MD	21208		
68760,	The law requires that the death certificate be axecuted to the attending physician and the attending physician and the detached for use as the burial-transit to the detached for use as the burial-transit.	edical Examiner	Immediata Causa (Final disaesa or condition rasulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseese or Injury that intitated events	a. Rasy b. asy	Dua to (or as a	consequence of):	ne						
Box 68	eath certificat attending phy for use as th	~											
	deat de att	sicia	Part II. Other significant conditions co	ontributing to death b	ut not rasulting li	tha undariving causa	givan in Part i.	23b. Did to	bacco use con	tribute to	the cause of death?		
s, P.O.	es that the death ce igned by the attendi be detached for use	by Physician/R								1 Yes 2 No 3 Probably 4 Whitnown			
Records,	law require nas been sig e 2 should b	Completed						24a. Was a perform		avai	ra autopsy findings illabla prior to applation of causa death?		
		S						1 ☐ Ya	s 2 TONO	1 🗆	Yas 2 No		
Ē	stan: entific ector,	Be	25. Wes casa rafarred to medical axaminar?				26. Place of Dea	th (Check only on	a)				
n of v	Attending Physician: or death. ector: After this certific by the funeral director,	2	1 Yes 2 No  27. Mennar of Deeth 1 Neturel 5 Panding	Hospitei: 1 Inpatie 28a. Date of Inju (Month, De		tpatient 3 DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA		oma 5 Rasida 28d. Dascribe ho			)		
Division of Vital	5475	ertification:	2 Accidant investigation 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, tarm, straat, factory, office building, atc. (Specify)  2 No 1 Yas 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)										
1	Hospita Mount Fanera Isiy fille	edical C	29a. Cartifier (Check only one) 1 Certifying Phy	relcian: To the best inar: On the basis of and manner sto	axamination an	, daeth occurred at tha d/or invastigation, in m	tima, date and placa, y opinion, daath occur	and dua to tha ca red at tha tima, da	usa(s) and mar ata and place, a	nar as sta nd dua to	ated. tha cause(s)		
	To the To the	Me	29b. Signatura and titia of certifiar		7-5	29c. Lica	insa number	25	9d. Data signad	(Month, E	Day, Year)		
1			Stime		INV	) .			1-1	-11	-		
		-	- 3 Y	y	0		8304		12/2	3/9	6		
	3		30. Nama and address of person who o										
			Dr. Stephen S 31. Data tilad (Month, Day, Year)	iegel 750	Ma in	Reisters	stown, MD	21136					
	Sta Registr	ie ar	31. Data tilad (Month, Dev. Year) DE 2 7 1996	CHILLE DEDIN	Ost Signature	1							



1 M 2 D

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

If Under 1 Year

10f. Zip Code

Months

Days

RANDALLSTOWN

21133

2

10d. Inside City Limits

1 Yes 2 No

		State of Maryland / D	Certificate of D			. No.	6	39252
Physician /Medical Examiner			PS		2. Date of Death Month DECEMBER	Day 3	1446	3. Time of Death 21:19 HRS
	4a. Fecility Neme (If not institution, give s	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	4b.	City, Town, or Lo	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	4c. County	of Death	IORE

Yrs

10c. City, Town or Location

**Funeral** 

Director "natural", or items 23a or 28a-f ehow raical Examiner must be notified at death filed within 72 hours after

permit. Pagas 1 and 2 should be file.
Department of Hasith and Mental Hyg important: If Item 27 is marked other eny injury or other traumest. **Physician** 

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

94

/Medical Examiner

attending physician and for usa as the burial-transit funarai

10e. Stete Director Funeral ģ Examiner

5. Social Security Number 215-03-2447 Usual Residence of Decedent 10b. County MARYLAND 10e. Street and Number 9008 ALLENSWOOD ROAD 11. Marital Stafus 1 Never Married 2 Married 3 XWidowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last) **ABRAHAM** 19a. Informant's Neme/Relationship (Type, Print) MR. MICHAEL KREPS (SON) 20a. Method of Disposition 1 ⊠ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Knter the disease, or complications their caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiefed events resulting in death) Last Physician/Medicai RENAL FAILURE þ Completed 25. Was case referred to medical Be

2 Certification: Medical

BALTIMORE

12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give

College (1-4or 5+)

7. Age (In yrs. last birthdey) 83 yrs.

13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yea 2 No Specify:

16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) HOUSEWIFE

SOL LEVINSON & BROS., INC

MINNIE

OWN HOME 18. Mother's Name (First, Middle, Maiden Sumame) **ZUCKERMAN** 

Reisterstown, MD 21136

14. Race - American Indian, Black, White, etc.

WHITE

19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 12606 WORTHINGTON RIDGE RD. 20b. Pleca of Disposition (Nama of Date cametery, cramatory or other place) WORKMEN CIRCLE

22. Neme end Address of Facility

20c. Location - City or Town, State 12-26-96 BALTIMORE, MD

If Under 24 Hrs.
Hours Min.

8. Dete of Birth (Month, Day, Year)
AUG 30, 1913 MARYLAND

10g. Citizen of What Country?

Specify.

USA

18b. Kind of Business/Industry

8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 HYPOTENSION

ENGLE

Due to (or as a consequence of):

SEPS/S

Due to (or es e consequence of):

CHRONIC OBSTRUCTIVE LUNG DISTASE

Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco use contribute to the cause of death?

1 Yea 2 No 3 Probably 4 Unknown

24a. Was en autopsy parformed?

24b. Were autopsy findings available prior to completion of cause of death?

Approximate Interval Between Onset and Death

DAY

6 DAYS

1 Yes 2 No 28. Place of Death (Check only ona)

1 ☐ Yes 2 PNo

	examiner?	-	0	
27.	Mannerol			
	1 PNatura	1	5 Pending	

5 Pending investigation 6 Could not be determined

28e. Date of fnjury (Month, Dey Year) 28e. Placa of Injury - At home, farm, street, factory, office bullding, etc. (Specify)

1 Inpatient

Hospifal:

2 ER/Outpatient 3 DOA

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier (Check only one)

2 ☐ Accident

3 ☐ Suicide

4 Homicide

1 Certifying Phyafclan: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number

29b. Signatur and title of certifier

31. Dete filed (Month, Day, Year)

D 47168

DECEMBER 23 1996

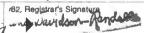
30. Name and address of parson who completed cause of death (Item 23a) (Type, Print)

THOMKS GEORGE NORTHWEN HUSPITM CONTEN

5401 ord cours rugo RANDALLSTOWN

State Registrar

DEC 27 1996



SOL LEVINSON & BE 900 REISTERSTOWN RC

LINN

State of Marvl

253

and / Department of Health and Mental Hygiene	96	39
Certificate of Death Reg. No.	20	0 5
neg. 1to.		

**Physician** /Medical Examiner

4e. Facility Name (If not institution, give street and number)

DEC. 4b. City. Town, or Location of Death

2. Date of Death

Month

16, 1996 2:40 AM

4c. County of Death

3. Time of Death

1 ☐ Yes 2√2 No

Kah1

December 16, 1996

**Funeral** 

Director the Maryland Show 288-1

Examiner must be notified at ò Nerna 23a should be filed within 72 hours after ond Mental Hygiena.
marked other than "natural", or ites "natural", or the Medical Peges 1 and 2 should be nent of Health and Mental

.0 Health a

or other !

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

The law requires that the death certificate be executed the buriel-transit P.O. Box 68760. 98 ed by the ettendin detached for use of Vital Records, page 2 should be certificate iding Physician: this After O Director: in by

þ

Completed

Be

2

Certification:

Medical

oningn

JOGINDER P. MEHTA, MD

DEC 2 1996 Year) Julia Savideon Renshill

1. Decedent's Name (First, Middle, Last) FRANCIS 213-52-1323 10a. State Directo Maryland 10e, Street and Number Funeral P Completed Be John permit. Pege Department of important: if any injury or once. disease or condition resulting in deeth) Examiner Physician/Medical

SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND

ar if Under 24 Hrs. 8. Date of Birth
ys Hours Min. (Month, Day, BALTIMORE If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1 M 2□ F Months Days Yrs. SEP. 18,1913 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore County Towson 10f. Zip Code 10g. Citizen of Whet Country? 2300 Dulaney Valley Road 21204 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) 5+ Priest Religious 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Francis Linn Christina Regina 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Charles E. Linn, Jr. / nephew 202 Clifford Lane Unit B. Forest Hill, Maryland 21050 20b. Place of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removal from Stete New Cathedral Cemetery 4 ☐ Donation 5 ☐ Other (Specify) DEC.21 Baltimore, Maryland 21. Signature of Funeral Service Licenses <sup>22. Name and Address of Facility</sup>
Mitchell-Wiedefeld Home, Inc.
6500 York Rd. Baltimore, Maryland 21212 hase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the control of the cardiac or respiratory arrest, Approximate intervel Between Onset end Death immediate Cause (Finel ASPIRATION PNEUMONIA 7 days Due to (or es a consequence of) DEHYDRATION 7 days Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es a consequença of): GASTROINTESTINAL BLEEDING 7 days Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown MULTIPLE DECUBITUS 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2XNo 1 ☐ Yea 💥 No 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 X npatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturai 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. 29a. Certifier 29b. Signeture and title of certifler 29c. License number 29d. Date signed (Month, Day, Year)

D41410

TOWSON, MARYLAND

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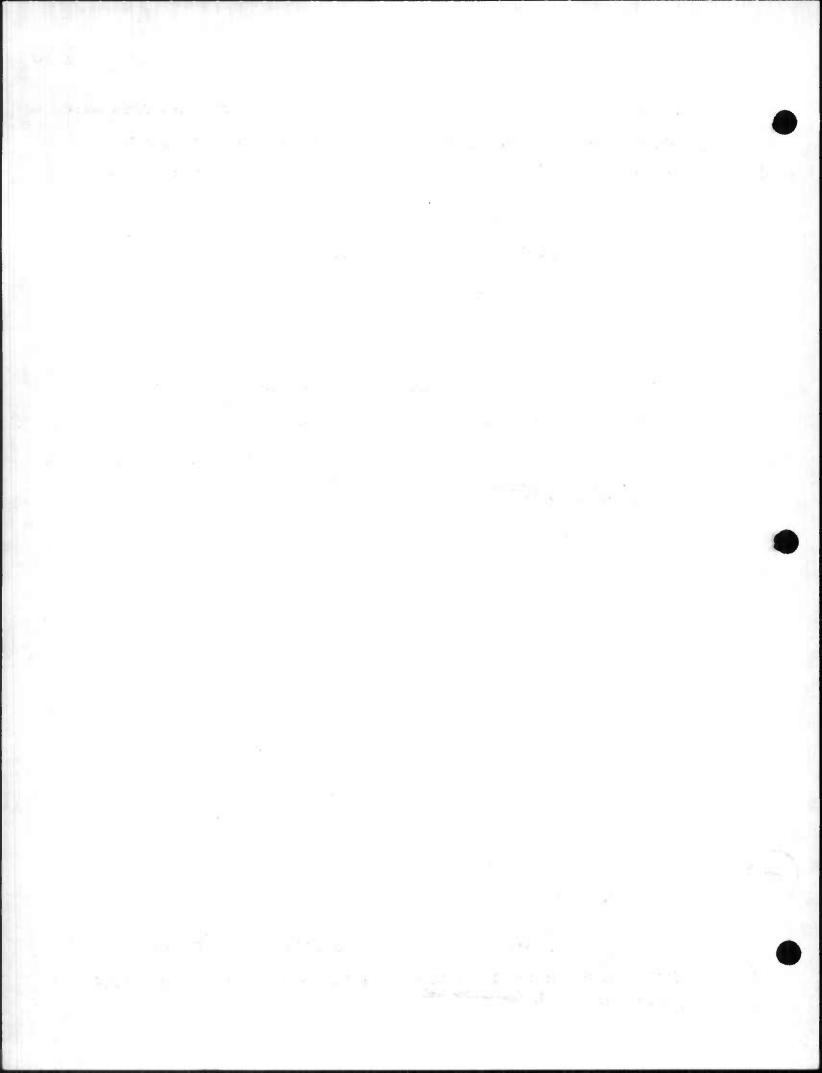
7620 YORK ROAD

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Registrar

Funeral

To the Howithin 24 To the Fune completely fi



State of Maryland / Department of Health and Mental Hygiene 96 39254

						Cei	rtificat	e of	Death		Re	g. No.			
۲			1. Decedent's Nema (First, Middle, L	est)							Dete of Death			3. Tima of Death	1
Į	Physic /Medi		Helen Patricia I	_ynch							Month ecember	<sup>Dey</sup> 22,	1996	9:18P	
)	Exami		4a. Facility Nama (If not institution, gi		mber)					wn, or Locati	on of Death	4c. County			
L				•	7 Ama (In come to		If Unda	r 1 Vaar		ltimor			N/A		
	Funeral Director	ı		1 M 2 X	7. Aga (In yrs. la 73	Yrs.	Months	Deys		Min. Fel	Dete of Birth (Month, Day, Oruary	4,1923		ileca (Stata or Fore itry) yland	<i>ig</i> n
	and in		10a. State 10b. County		10c. City,	, Town or Lo	cation						1	0d. Inside City Lim	its
	urs after death with the Marylan at, or frems 23a or 28a-f show Examiner must be notified at	Funeral Director	Maryland !	N/A		Balti	more	Code			10	g. Citizen of	What Coun	YXXX 2 D	40
	3a or	O	3402 University	Darkway			212						USA	,	
	death	ner	11. Meritei Status	12. Was Dece	edant Evar in U,S		Ves Dece	dent of	Hispanic Ori	igin? (Specify	Yas or No-	14. Red	e - Americ		-
21215-0020	within 72 hours after death with the Maryland ene. than "naturat", or thems 23a or 28a-f show he Medical Examiner must be nouted at	by	1 (X) Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Fo 1 Tes If Yas, Giv Yaar or D	20000		r Yes, spe			n, Mexicen, Puarto Rican, etc.)  Specify:			Black, White, etc.  Specify: White		
5-0	a filed within 72 hours il Hyglene. other than "natural", vant, the Med call Ex-	Completed	15. Decedent's E (Specify only highest gr	ducetion		16a. Deced	lent's Usua	ai Occu	pation during mos	at of working	10	8b. Kind of B			
121	d 2 should be filed within 72 h th end Mental Hyglene. 7 ia marked other than "netu traumatic evant, the Medical	du	Elementary/Secondary (0-12)	College (1	-4or 5+)	iife. l	DO NOT u	se retire	9d)	. or working					
	filed with Hyglene. ther than		12 17. Fathar's Name (First, Middle, Las	4)		T	icket	t_Ag		ndo Nomo //	441-4-1- 44		line		
and	ould be f Mental I- arked of	Be	The second second								rst, Middie, Me		ne)		
Maryland	should benta nd Menta marked	To	Daniel Aloysius  19e. informant's Neme/Reletionship			10h Mailir	a Address	/Stran			ngela E		Cinta 7in	Code	
	961		Edith Carroll Ly		ister	3402	Unive	ersi			ltimore	e, Mar	yland	21218	
altimore,		1	20a. Method of Disposition  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Removel from	0.00	ece of Dispo metary, cren	sition (Nar netory or c	me of other ple	ece)		ate 20	Dc. Location	City or To	wn, Steta	
tim	tant:	Ш	Donetlon 5 Other (Speci	ty)		ew Cat	hedra	al		12/2	6/96 E	Baltim	ore,	Maryland	
Bal	permit. Pages Department of Important: If I any injury or once.		Signature of Funarel Service Lice	an VP	makic				ess of Facilit	Mit	chell-N		-	-	
		1	23a. Part1. Entar the disease, or con shock, or heart feliure. List only	pications that c	aused tha death.	Do not ent	er the mod	le of dy	ing, such as	cardiac or re	spiratory arras	st,	u11 21	Approximete intarvai Between	
	Physician			1				0						Onsat and Death	
И	/Medicai Examiner	ш	Immedieta Cause (Finei disaese or condition	· Ce	Sustana	un (	uence of):	le	we	$\sim$			3	hory.	1
П	LAGIIIIICI	L.	resulting in death)	6.	Due to (or	es e enseq	uence of):			( 0				5 40 LL	
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	icete be executed physician and s the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immadlete ceuse. Enter Inderlying Cause (Disease or Injury that initieted events		Due to (or	as a conseq	uence of):						i	1	
68760,	siclar buri		Cause (Disease or injury that initiated events	C	Bus to for		Α.						i		
	5 0 6	ledicai	rasulting in death) Last		Dua to (or t	as a conseq	uance or):								
XO		M/u		d								_			
m.	the attend	sicia	Part ii. Other significant conditions	contributing to de	ath but not resuit	ting in the ur	nderlylna c	ause di	iven in Pert i		23b. Did tob	acco use co	otribute to	the cause of deat	th?
P.0	the the	Physician	•	•			,				1□ Yes	-/		oably 4 Unkno	
Ś	es the igned be de	by													
Record	been s	Completed									24a. Was an performe	autopsy ed?	COI	are autopsy tindings aliable prior to apletion of cause death?	S
	0 - 0	E						,			1 Yes	2 1 No	10	Yas 2 No	
of Vital	ician: The certificate rector, pag	Be	25. Wes cese reterred to medicei	un	on the	word	al	#	26. Piece	of Deeth (CI	neck only one,	)			
>	0 00	To	examiner?	Hospitei: 1 🗆 I	npatient 2 3-E	R/Outpatien	3 DC	DA Ot	her: 4 Nu	ırsing Homa	5 🗆 Rasidan	ce 6 □Oth	er (Specify	1)	
	After Tune		27. Menner of Death  1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investigation		ot injury h, Day Year)	28b. Time ot injury	M 2	8c. Inju Wo	ıryat ork? ]Yes 2 □!		Describe how	injury occur	red		
Division	i or Attandi after deeth. Director: A d in by the fi	Certification:	3 Suicide 6 Could not be determined	200. FIECE	of injury - At hom	ne, term, str	et, fectory	, office		281.	Location (Stre City or Town,	et end Numl Steta)	ber or Rura	i Route Number,	
	To the Hospital or A within 24 hours after To the Funeral Direction pletely filled in b	edical C	29a. Certifler (Check only one)	nysician: To the miner: On the be and menn	sis of examinetic	iedge, death on and/or inv	occurred estigetion,	et the ti	ime, data and opinion, deat	d place, end o	due to the ceu t the time, det	se(s) and me e and piece,	anner as at	ated. the cause(s)	
	To the within To the comple	N N	29b. Signature end jitla of certitier	WIND IN OHI	Time of the original or the original or the original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original orig		290	. Licen	se number		290	d. Data signe	d (Month,	Dey, Year)	
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	8		30. Name and address of person who	completed cause	e of deeth (item 2	23a) (Tuna 1	Print)	1		-		4.7	-3 1 7	0.	
1	0		E Nimber	WILL	nMI	)	6	. 56	TX	1. Cl	earli	1 St	- B	SIS OND	AL
	Sta	ite	31. Dete filed (Month, Dey, Year)	9 32 R	egistrar's Signatu	re			- 1	, ,					1
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State of Maryland / Department of Health and Mental Hygiene 96

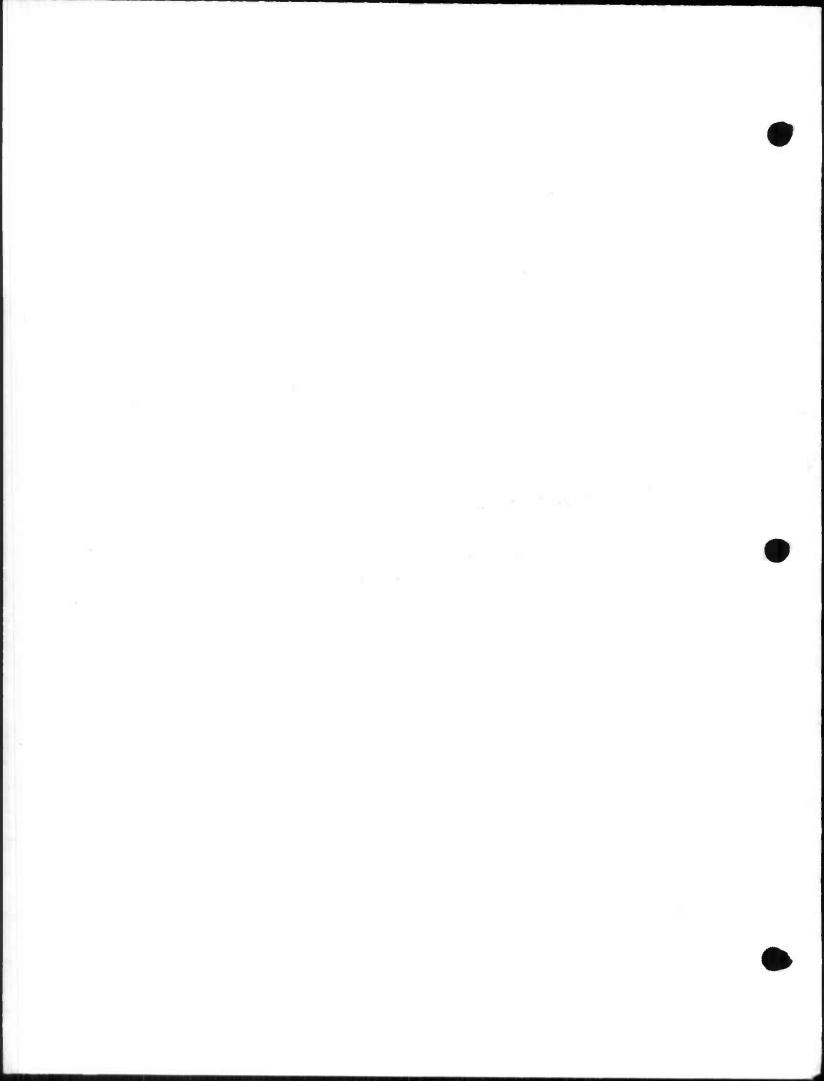
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	1. Decedent's Neme (First, Middle,	Last)				2. Dete of D		ALESS:	3. Time of Death
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miner	4e. Facility Neme (If not Institution, g		<i>7</i> 11		4b. City, Town,	or Location of Dec	oth 4c. County	y of Deeth	4.00 FM
	MANOR CARE NURS	SING CENTER-TOWS	SON		TOWSO	ONT	BALTI	EMODE:	COUNTY
eral		Sex 7. Age (In yrs.		() If Under 1 Year					
tor	220-05-0864	1□ M 25√F	Yrs.	Months Deys	Hours N	Hrs. 8. Dete of 8 (Month, L			ece (Stete or Foreigny)
	Usuel Residence of Decedent	/5				May 1:	5, 1921	Maryl	and
6	10a. Stete 10b. County	10c. Cit	y, Town or I	Location				10	d. inside City Limits
ompleted by Funeral Director	Maryland Baltimo	re County	Coc	keysville					1 ☐ Yes 2 ☐ No
Director	10e. Street end Number	Le County	COC	10f. Zip Code			10g. Citizen of	What Count	2.5
		D 1							.,.
Funeral	700 Western Ru	IN KOAO 12. Was Decedent Ever In U	C 10	_	L030	1/016.3/	US	SA ce - America	and the disease
5	11. Meritel Stetus	Armed Forces?	,5. 13	. Was Decedent of If Yes, specify Cut	oen, Mexican, Pu	uerto Rican, etc.)	Ble	ck, White, e	
by F	1 Never Merried 2 Married 3 Widowed 4 Divorced	If Yes, Give A		1 ☐ Yes 2 ☑ No	Specify:		Specif	y: Talb	ite
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E E	Elementery/Secondery (0-12)	College (1-4or 5+)	life.	DO NOT use retire	9d)				
S	Unknown		Hon	nemaker				Reside	nce
Be	17. Fether's Name (First, Middle, La	st)			18. Mother's I	Neme (First, Middi	le, Meiden Sumen	ne)	
2	Vernon	Taylor			Gert	rude	Wi	nter	
1	19e. Informent's Neme/Reletionship		19b. Mei	iling Address (Stree	t end Number o	Rural Route Num			Code)
	Mr. William J. I	vston .Ir	700	Western I	Run Road	Cookorra	willo M	2102	0
	20a. Method of Disposition	20b. F	lece of Disp	position (Neme of emetory or other ple		Dete	20c. Location	- City or Tov	vn, State
	1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spe	LIRemovel from State		of Faith		12/29	Orrowlas	Mon	land
	21. Signature of Funeral Service Lice	olly) Gai		22. Neme and Addr		y 12/20	Overlea	, Mar	ytand
	Martin	Tauser		Mitchell-		1d Home			
	Martin D. E. 23a. Pert1. Enter the disease, or co	iwson .					e. Marvl	and 2	1212
	23a. Pert1. Enter the disease, or co shock, or heert feilure. List on	mplications thet caused the deet ly one ceuse on each line.	h. Do not e	nter the mode of dy	ing, such es ćar	diac or respiretory	arrest,		Approximete Interval Between
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Examiner		b CONGESTIVE	HEART	FATLIDE				İ	
am	Sequentially list conditions.			equence of):					
	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying							i	
Medical	Ceuse (Disease or Injury that initieted events	C. Due to (o	r es e conse	equence of):					
Pe	resulting In death) Last							į	
		d							
Physician	Pert II. Other significant conditions	contributing to death but not res	ulting In the	underiving cause of	wen in Part I	23h Di	d tobacco use co	ntribute to	the cause of death
hys		outhouring to douth out not for	siting in the	underlying occuse go	VOIT WIT OIL I.				
by P						_   '	Yes 25 No	3 FIQU	ably 4 Unknov
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ete						per	formed?	com	ilable prior to opletion of cause
Completed								of d	eath?
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Be	25. Was case referred to medical examiner?	the select				Deeth (Check only	one)		
10	1 ☐ Yes 2√7 No	Hospitel: 1 inpatient 2	ER/Outpatie	ent 3 DOA Ot	her: 4 Nursin	g Home 5 ☐ Res	sidenca 6 Oth	er (Specify,	)
ü	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time tnjury		ry at ork?	28d. Describe	how Injury occur	Ted	
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edicai	29e. Certifier 1M Certifying F (Check only one) 2 Medical Ext	Physician: To the best of my knor aminer: On the bests of exemined and menner steted.	wledge, dee tion end/or l	th occurred et the ti nvestigetion, in my	me, dete end pi	eca, end due to the ccurred et the time	e ceusa(s) and me o, dete end plece,	anner as sta and due to	ited. the cause(s)
<u>₹</u>	29b. Signeture and title of certifier	ond monitor stated.		29c, Licen	se number		29d. Dete signe	ed (Month E	Dev Year)
	1 mia-1	kroup	m	D31			_		
			, ,		כטט		Decembe	er 26,	1996
	30. Neme and address of person wh								
	Mien Kioune, M.	D., 416 E. Jopp	a Roa	d, Towsor	ı, Maryl	and 2120	4		
tate	31. Dete filed (Month, Dey, Year)	32 Registrer's Stora	pallo		-				
trar	DEC 2 7 1996	(1	-						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last)  Nathan LEE				2. DATE OF DEATH DA	21 199	3. TIME OF DEATH 6PM M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE:	(In yrs. last birthday) 47 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEP. 11		IRTHPLACE (State or Foreign Dunitry) MARYLAND		
i	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH			
DIRECTOR	BAYVIEW MEDICAL CENTER		BALT	IMORE CIT	Υ	N/A			
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY		
	Maryland N/A		Baltimo	re City		100 CITIZEN	LIMITS? 1XX YES 2 □ NO  OF WHAT COUNTRY?		
FUNERAL	3005 Lyttleton Avenue			2121	6		S.A.		
5	11. MARITAL STATUS  1 V Never Married  12. WAS DECEDENT EVER I FORCES? 1 YES	2 V VNO			NIC ORIGIN? (Specify Yes	or No- 14, 1	RACE American Indian, Black, White, etc.		
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XIXO Specify: Specify:								
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of v	work done during n	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTI	RA		
	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT us	se retired.)		651.5	EMBL OV			
MP	12th grade	SALEMAN			ME (First, Middle, Malden	EMPLOYI	ΞU		
	Nathaniel Lee				A. Lee	Sumame)			
BE	19a. INFORMANT'S NAME (ProperPrint)	19h MAII INO	ADDRESS (Street		Route Number, City or Tow	n State Zin Code			
2	Mary A. Lee/Mother				Itimore, M				
		D. PLACE AND DATE				CATION - City			
	XX Buriel 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)	metery, cremetory or o	CEMETE	RY	12/28 BAL	TIMORE	MARYLAND		
	21. SIONATURGOF FUNERAL SERVICE/LICENSEE		22. NAME	AND AODRESS OF FA	WILLIAM 1206 W.	C. BRO	OWN COMM. F/H Avenue		
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  S. ACQUIRE DUE TO (OR AS)	esch line.					Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		PI:				YEAR		
	PART II. Other significent conditions contributing to deeth	but not resulting	In the underlyl	ng cause given in			24b. WERE AUTOPSY FINDINGS		
EDICAL	IMMUNE THROMASCYTOS	MIL	Pull	KA	PERFOR	<b>\</b>	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ		NO. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A. 10 P. A.		7			1 TYES 2 DAYO		
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE C	26. PLACE OF DEA			N Z				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	<u> </u>			-		
PHYSICIAN:	t YES 2 NO 1 inpetient 2 ER/Out 27. MANNER OF DEATH 28e, OATE OF INJURY	patient 3 DOA		iJURY AT	6 Other (Specify)	N IIIDY OCCUPE	ID.		
BY PI	Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		JURY V	YES 2 NO	286. OESCHIBE NOW I	NJOHT OCCURE			
8	3 Suicide 8 Could not be determined 28s. PLACE OF INJUR building, atc. (Social Could not be determined)	Y — At home, term, icify)	atreet, factory, of	lca	28t. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,		
COMPLET	29a. CERTIFIER (Check only one)  CERTIFYINO PHYSICIAN: To the best of my known one)	wiedge, death occurr	ed at the time, de	te and place, and du	to the cause(s) and ma	nner es stated,	5 1 1 5 5		
Š	2 MEDICAL EXAMINER: On the basis of examination	on and/or investigation	on, in my opinion,	death occured at the	time, deta and place, ar	nd due to the ce	use(s) and manner as stated,		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  M.D.			JEU7	MBER	29d. DATE SIG	ONED (Morith, Day, Year)		
9	A MAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)	1			1/		
	YUKARI C. MANASE MI 31 PIFE D. 7 1996" . 32 HERTISERS	TOH	NS H	OPKINS	HOSPITAL	- BAL	TIMORE, MP		
	DEON' 1000 U								



State of Maryland / Department of Health and Mental Hygiene

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u	See.	
-	1 3	

39257

						Cei	tificate d	of Death	7		Reg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle,		•	LAY	TE			2. Date of Do Month	Day 24	Yeer 96	3. Time of Deeth
	Exami		4a. Facility Nama (If not institution,	giva street and nu	mber)			4b. City, T BAZ		ocation of Deal	,	of Death	MORE
	Funeral Director		217-26-6634	.Sex 1□M ************************************	7. Age (In yrs. 86	last birthday) Yrs.		ear If Unde	Min.	Jan 1	gy, Year 910	9. Birthp Call	place (State or Foreign
	Maryland a-f show	ctor	Usuei Residence of Decedent	more		y, Town or Lo	Ros	edale				1	0d. Inside City Limits 1 ☐ Yes ②□♥o
	3a or 28	i Director	10e. Street and Number 101 Center Pl	ace			10f. Zip Coo				10g. Citizen of V		itry?
020	in 72 hours efter death with the Maryland o'netural', or items 23s or 28s-f show redicel Examiner must be notified at	by Funeral	11. Meritei Stetus  1 Nevar Merried 2 Marrie  XXWidowed 4 Divorced	Armed Fo	ZENO VZXNO	1	Wes Decedent f Yas, specify ( I □ Yes 2점			ecify Yas or No Rican, etc.)		e - Amario k, White, Whit	
21215-0020	iena.	Completed by	15. Decedent's (Specify only highest Eiementery/Secondery (0-12)	grada completed) College (	1-4or 5+)		lent's Usuel Ockind of work do DO NOT use re				16b. Kind of Bu	ome	dustry
Maryland	る直を	To Be	17. Fether's Neme (First, Middle, Le Metro Yanish	st)						e (First, Middle emchud	e, <i>Maiden Sum</i> am C <b>K</b>	a)	
	nd 2 sh sith and 27 la m r traum		19a. Informant's Name/Reletionship Dorothy Dreyf		ghter	8027	Wynbr	ook R			ber, City or Town,		
altimore,	Pagas ment of ant: If it ury or o		20a, Mathod of Disposition 1 ⊠ Buriel 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		Stelle		sition (Name on atory or other nislau		. 1	Data 2/28 1	20c. Location - Baltimo		wn, Stata Maryland
8	Physician /Medical Examiner	Je.	23e. Pert 1. Enter the disease, or or shock, or heart feilura. List or Immedieta Ceusa (Final disease or condition resulting in death)	one cause on a	LEVK	h. Do not ant	005 Du er the mode of A uence of):	OWSKI ndalk dying, such e	-Cho Ave s cardiac	e., Ba	ltimore	, MI	Approximete Interval Batween Onset and Deeth
Box 68760,	h certificate be executed ending physician and r use as the burial-transit	an/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underthying Causa (Disease or injury that initiated events resulting in deeth) Last	D	WIE	r as a consan	uance of): -/ARY				PENIA		
P.O.	es that the death igned by the atter be detached for u	Physician	Pert II. Other significant conditions	contributing to d	eath but not ras	ulting In the u	nderlying cause	given in Perl	1.		tobacco use cor Yes 2⊠ No		the cause of death?
of Vital Records,	aw requires to seen a 2 should	Completed by									s an autopsy ormed?	av co	ara eutopsy findings allable prior to mpletion of cause death?
al	E as			1						10	Yes 2 No	1[	Yes 200 No
\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Physician: T this certifical ral director, p	o Be	25. Wes casa refarred to medical examiner?  1 Yes 2 1 No	Hospitel:	Inpatient 2	EB/Outpetles	t 3D DOA	Other		h (Check only	one)	ne (Canail	ia.
ion of	death. clost. After this y the funaral d	-	27. Manner of Death  1 A Netural 5 Pending 2 Accident Invastigation	28a. Dete (Mon	of Injury th, Day Year)	28b. Time of Injury	28c. 1	Injury et Work? 1 Yes 2			how injury occurr		<i>n</i>
Division	al or Attending s after death. Il Director: After ed in by the funa	Certification:	3 Suicida 6 Could no 4 Homicida datermin	∠oa. Mace	of Injury - At he	ome, ferm, str	eat, fectory, off	ice		28f. Location City or To	(Street and Numb own, State)	er or Rura	l Route Number,
	To the Hospital or Attending within 24 hours effer death.  To the Funeral Director: Affer completely filled in by the funa.	edical (	29a. Certifier (Check only one) Certifying 2 Medical Ex	aminer: On the b	best of my kno asts of examine ner stated.	wiedga, daath tion end/or inv	occurred at the	a time, date a ny opinion, de	nd plece, eth occur	end due to the red et tha time	ceusa(s) end ma , deta and piece,	nner as s and due to	tated. the cause(s)
	within 2 To the	Σ	29b. Signatura and titla of certifiar  M. Unni	AHEND	ING +	PHYSICI	AN DO	cansa number	90		29d. Date signed	4/9	6
	ンり		30. Name and address of person when MOORKATH UI 31. Deta filed (Month, Day, Year) DEC 2 7 1996	o completed caus	se of daeth (Itan	23a) (Type,	Print)	v0005	, 1	BALTII	MORE,	MS	2/237
	Sta Regist		31. Deta filed (Month, Day, Year) DEC 2 7 1996	\$32, F	legietrer's Signe	Mandelle							

Items27,28a,28b,28d 12-27-96 FilmG742 W.H.Per Doctor

12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yas À No If Yas, Giva Year or Datas:

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

10f. Zip Coda

1□ Yas 2 No

21051

Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.)

10d. Inside City Limits

10g. Citizen of What Country?

14. Race - Amarican Indian, Biack, Whita, atc.

Specify: White

16b. Kind of Businass/Industry

Ireland

1 ☐ Yes 2 ☑ No

		State	of Maryland / Depa <i>Cei</i>	artment of <i>tificate of</i>		, ,	ene C	36	3925	8
	1. Decedent's Nama (First, Midd	de, Last)				2. Date of Death	_		3. Time of Pice	ath
Physician /Medical	LAWRENCE	LYNCH				Month	Day, 1	996	12m	1
Examiner	4a. Facility Name (If not institution	on, give street and nu	ımber)		4b. Cify, Town, or L	ocation of Death	4c. County	of Death		
	BEL FOREST NUR	SING HOME			FOREST H	HILL	HAR	FORD		
uneral irector	5. Social Security Number 214–24–7211	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yrs. last birthday) 92 Yrs.	If Under 1 Yea Months Days		8. Data of Birth (Month, Day ) Oct. 31	(°°1)904	Count	aca (Stata or Fo try) eland	preig
	Usual Rasidence of Dacedant									

10c. City, Town or Location

Fork

10a. Stata

10e. Street and Number

11. Marital Status

12846 Fork Rd.

XNevar Married 2 ☐ Married

3 ☐ Widowed 4 ☐ Divorced

Director

Funeral

þ

10b. County

Maryland Baltimore

with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or Herra 23a or 28a-f show any injury or other treumatic event, the Medical Examine must be notified at other.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician

Examiner hysician end the buriel-transit Physician/Medicai cate hes been signed by the attending p page 2 should be detached for use as þ Completed director. Be Medicai Certification: To filled in by the funeral

Hospital or Attending Physician: The law requires that the death certificate be executed

this certificate

After

within 24 hours after deeth. To the Funeral Director: A

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Division of Vital Records. P.O. Box 68760.

Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) Elamantary/Secondary (0-12) 12 yrs. Collage (1-4or 5+) Heat Treator Baltimore Tool Co. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Be Patrick Lynch Mary McMahon 19a. Intormant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 406 Rockflect Rd. Unit 103 Timonium, Md. 21093 Mr. Kevin Lynch 20a. Method of Disposition

A ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Place of Disposition (Nama of cametery, cramatory or other place) Data 20c. Location - City or Town, Stata St. Johns Cem. Long Green 12-18-96 Baltimore, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Address of Facility E.F. Lassahn Funeral Home 11750 Belair Rd. Kingsville, Md. 21087 ZOM E 23a. Part1. Entar the dueas shock, or haart the lura. lease, or complications that caused tha death. Do not enter the mode of dying, such es cardiac or respiratory arrest, rs. List only one cause on each line. Approximata Intarval Between Onset and Death Immediata Causa (Finai disease or condition rasulting in death) Dua to (or as a consaquanca of) 080 Sequentially ilst conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaasa or Injury that initiated evants rasulting in death) Last Due to (or as a cons Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Ware autopsy tindings available prior to completion of cause of death? 1 ☐ Yes 2 DINO 1 ☐ Yes 2 ☐ No 25. Was care raterred to medical examinar?
112 Yas 2 □ No 28. Piaca of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Year) (1.8=26=96 27. Mann of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Natural Natural Injury 2-6PM 5 Pending -26-96 1 Yas 2 16 2 Accidant 3 Sulcide Investigation Fell Out Of Bed 6 Could not be detarmined Location (Street and Number or Rural Routa Number, City or Town, Stata) lace of Injury - At homa, farm, streat, factory, office 4 Homicida 1 Certifythig Physician: To the best of my khokieoge, death occurred at the time, train and pacel, and due to the cause(s) and manuer as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner stated. 29a. Cartifier (Check only one) 29b. Signature and fittle of certified 29d. Date signed (Month, Day, Year) 29c. Licansa number

use of deeth (Item 23a) (Type, Rrint)

Registrar's Signature

State Registrar

d address of person who comp

31. Data filed (Month, Day, Yaar)

DEC 27 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 00 PM **Physician** Month LUSTIG DEC 3 /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (if not institution, giva street and number) 4c. County of Death Examiner LEVINDALE BALTIMORE N/A | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | AUG 29, 1912 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplace (Stete or Foraign **Funeral** 1□M 210 F 84 POLAND Director Yrs. 130-14-6155 Usual Residence of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or thems 23s or 28s-f sho treumstic event, the Medical Examiner must be notified at 1 Nas 2 No Director MARYLAND N/A BALTIMORE 10e. Street end Number 10f. Zlp Code 10g. Citizan of What Country? 21209 USA 6414 ELRAY DRIVE, APT. C death Funeral 12. Wes Dacedent Evar in U.S. Armed Forces? Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or ther any injury or other treumatic event, the Medical Examines 1 ☐ Yes 2 ☐ No If Yas, Giva Yaer or Datas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: 3 Widowed 4 Divorced WHITE Completed Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade completed) 18b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) OWN HOME HOMEMAKER 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maldan Sumama) HALPORN RACHEL UNKNOWN MICHAEL 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 6414 ELRAY DRIVE, APT. C BALTIMORE, MD 21209 MR. ALEXANDER LUSTIG (HUSBAND) 20b. Placa of Disposition (Nama of cemetary, cramatory or other placa) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cramation 3 Ramoval from Stata
4 Donation 5 Other (Specify) BETH JACOB -12-26-1996 FINKSBURG, MD 21. Signeture of Funeral Service Licensee 22. Nama and Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Betw **Physician** /Medical Immediete Causa (Final diseesa or condition rasulting in daeth) Sepsos Examiner Que to (or as a consequenca of) sician and burlal-transit Sequantially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disaase or Injury thet initiated evants resulting in death) Last Due to (or es a consequance of): physician a Box 68760. Physician/Medical Dua to (or as a consequanca of): 98 signed by the atte P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24e. Was an autopsy performed? 24b. Wara autopsy findings aveilable prior to complation of ceuse of death? Completed has 1 ☐ Yes 2 ☐ No 25. Was casa refarred to medical axaminar?
1 ☐ Yes 2 ☐ No Be 28. Place of Deeth (Check only ona) 1 Impatiant Othar: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury et Work? Certification: After Attending 5 Pending invastigation To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Af 1 ☐ Yas 2 ☐ No 2 Accident filled in by the 3 Suicide 6 Could not be datarmined 28a. Piace ot injury - At home, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Decrifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifiar Medical 29b. Signatura and titia of certifiar 29c. Licansa number 29d. Data signed (Month, Dey, Yeer) flysuen of person who complated cause of death (Itam 23a) (Type, Print)

P. Rayeru' SY34 & Bellvedure auc wha Dayydon-Rome 31. Data filed (Month, State Registrar DEC 27

**DHMH 16 Rev 6/95** 

# may be retained by the hospital or attending physician. it, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

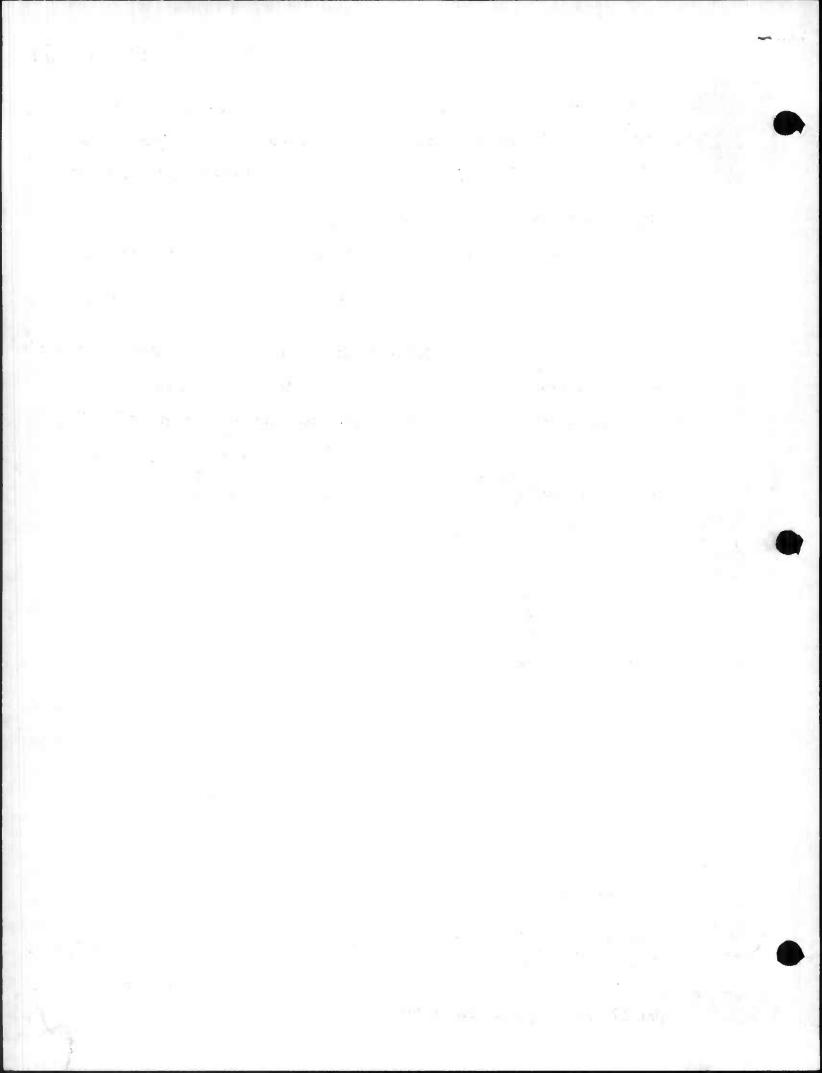
	THE HOSPITUL OF THE HOSPITUL PHYSICIANS. The law requires that the death certificate be executed with WAZ4 hours after death. Page 6 may be retained by the hos	TO THE HUNGLY. UNFORCE. Any this explicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours about the form of the first poper. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If them 28 44 marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AN	D ME	NTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Mic	NORMAN	LAN			1	DATE OF DEATH DA		YEAR 196	3: 10 AM M		
4. SOCIAL SECURITY NUMBER 222-14-5424	1 😿 M 2 🗆 F	69 YRS.	MONTHS DAY	B HOURS MI	M. 0	DATE OF BIRTH (Month, Day, Year) 3-22-192		DEL	WARE		
90. FACILITY NAME (If not institu	TH CARE CENTER		96. CITY, TOY	F DEATH	CAROLINE						
	DENT b. COUNTY SUSSEX		10c. CITY, TOWN OR LOCATION BRIDGEVILLE				100				
		BK	IDGEVI	10f. ZIP CODE		10g. CITIZEN OF WH			1 X YES 2 ND		
10e. STREET AND NUMBER  201 WALNUT S  11. MARITAL STATUS  1  Never Merried 2 Ma  3 Widowed 4XX Divorce	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES GIVE WAR OR	S 2 NO	2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.)					USA ee or No—  14. RACE — American Indian, Black, White, etc.  Specify: WHTTE			
15. DECEDI (Specify only hi Elementary/Secondary (0-12	ENT'S EDUCATION ghest grade completed)  College (1-4 or 5+)	Ille. Do NOT L	work done during use retired.)	most of working		16b. KIND OF BUS	BINESS/IND	USTRY	WILLE		
12 17. FATHER'S NAME (First, Middle	o, Last)	WATER	TREATMI	IS. MOTHER'S		DP & L	Sumame)				
WILLIAM EA						OUGHTEN					
190. INFORMANT'S NAME (Type) JEAN RICKARD	-					GEVILLE			933		
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion		20b. PLACE OF DISPO	Mana)						OCATION — City or Town, State  LMINGTON, DELAWARE		
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S		SILVERBRO	22. NAM	E AND ADDRESS O	ERAL		c.				
shock, or heer IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	s, DUE TO (OR A	each line.	cal Canoen-Metastate						Approximate interval Batweer Onset and Deat		
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	G.	S A CONSEDUENCE	OF):								
PART II. Other algnificant	1	h but not resulting				rt I. 24a. WAS AN PERFOF	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL:		'QTHER:	6. PLACE OF DEATI							
		RY 28b. TI	4 Nursing ME OF 280	Home 5 Reside INJURY AT WORK?  YES 2 NO	28	Other (Specify)	NJURY OC	CURED			
a David	28e. PLACE OF INJU building, atc. (5	URY — At home, ferm Specify)		_	Bt. LOCATION (Street City or Town, State)		or Rural	Route Number,			
TOTALK OWN	YING PHYSICIAN: To the best of my ki								a) end manner as stated.		
296. SIGNATURE AND TITLE O	# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		29c. LICENSE NUME						(Month/Day, Year) 5 PC		
Jeff Jeff	ERSON WHO COMPLETED CAUSE OF	-, MO	pe, Print)	BOXIZ	22	Goldsk	ono,	MI	21636		
DEC 2 7 199		n-Handale									

State of Maryland / Department of Health and Mental Hygiene 96 39261

	Certificate of Deat	th	Rag. No.	05201
(C	1. Decedent's Name (First, Middle, Last)	2. Dete of De	eth _	3. Time of Death
Physician /Medical	Gladus M LECHTHAIER	DECEMI	Dey 23 1996	3:03A.A.
Examiner		Town, or Location of Deeth	4c. County of Deeth	
	Charleston CARE CENTER C	DUNYY	1301 fi	MURE
Funeral	Months Day House	der 24 Hrs. 8. Date of Bird (Month, De	th 9. Birth	place (State or Foreign
Director	2/3-07-5623 TEM 281 Yrs.	February	12,1915 Mar	rýland
pue *	Usuel Residence of Decedent  10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
Aaryli r sho	Maryland Baltimore Co. Catonsville			1 ☐ Yes 2 🖾 No
vith the Ma	10e. Street end Number		10g. Citizen of Whet Cou	inter/2
should be filed within 72 hours after death with the Maryland not Mental Hygiena.  I marked other than "natural", or itema 23a or 28a-f show umatic event, if a Medical Examiner must be notified at To Be Completed by Funeral Director			United Stat	
r items 23s	701 Maiden Choice Lane 21228  11. Marital Stetus 12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic (	Origin? (Specify Yes or No		
Fund Fund	Armed Forces? If Yes, specify Cuban, Mexic 1 □ Never Married 2 □ Merried 1 □ Yes 2 🔯 No	cen, Puerto Rican, etc.)	Bieck, White	
by by	3 ☐ Widowed 4 ☐ Divorced Yeer or Detes:	ity:	Specify: Wh	ite
ygiena. ner than "natura nt, the Medical I	15. Decedent's Education 16a. Decedent's Usuel Occupetion		16b. Kind of Business/Ir	ndustry
then 'n the wed	(Specify only highest grade completed)  (Give kind of work done during m life. DO NOT use retired)			
ther the	12 Administrative Ass	sistant	Department of	Motor Vehicle
d oth	17. Fether's Neme (First, Middle, Last) 18. Mo	other's Neme (First, Middle,		
	11222 C	se J	enkins	
8 8	19a. Informent's Neme/Reletionship (Type, Pnnt)  19b. Meiling Address (Street and Nun			p Code)
Important: if them 27 is marke eny injury or other traumetic once.	Carolyn S.Hottman/Cousin 1918 Eastridge Road			
or of	20e. Method of Disposition  1 XI Buriei 2 ☐ Cremetion 3 ☐ Removel from State  20b. Piece of Disposition (Neme of cemetery, cremetory or other piece)	Dete	20c. Location - City or T	own, Stete
Important: It	4 □ Donetion 5 □ Other (Specify) Parkwood Cametery	12/28/96	Baltimore, Mar	
eny in	21. Signeture of Funerel Service Licensee Brian A. Willem 22. Name and Address of Fed	cility Leonard J. R	tuck Funeral Ho	me, Inc.
- a	Ducyn a Willem 5305 Harford Roa	ad Baltimore,	Maryland 2121	4
	23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	es cardiec or respiretory el	rrest,	Approximete Intervei Between
sician				Onset end Deeth
edical miner	Immediate Cause (Final disease or condition resulting In Ideath)	= -		MONTHS
	resulting In death)  Due to (or es e consequence of):			0/0/11
in and inal-transit Examiner	<b>b</b> .			
-tran	Sequentielly list conditions, if any, leading to immediate			
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d for	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per	and and Dide		a the annea of death of
detached for us	1		tobacco use contributa t Yes 2□ No 3□ Pro	
by P	ALZNEIMER'S DISEASE		2210 00710	70
should b			an autopsy 24b. W	Pere autopsy findings
page 2 should		репо	CC	reliable prior to empletion of ceuse death?
age 2		10)	4.0	□ Yes 2□ No
Be Co	25. Wes case referred to medical 28 Pie	ace of Deeth (Check only of	0.00	□ 165 2□ 140
I director, page	examiner?	Nursing Home 5 Resid		fu)
- F	27. Manner of Deeth 28a. Dete of Injury 28b. Time of 28c. Injury et		now Injury occurred	.,,,
ation	1 Daturel 5 Pending (Month, Dey Year) Injury Work? 2 Accident Investigation M 1 Yes 2	□No		
led in by the funeral Certification:	3 Suicide 4 Homlcide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	28f. Location (5 City or Tow	Street end Number or Run	el Route Number,
Ce G	Sulfully, etc. (Specify)	Ony or row	in, clare)	
	29a. Certifier  Check only  20 Medical Examiner: On the basis of examination end/or investigation in my colored of the time, determined to the basis of examination end/or investigation in my colored to the basis of examination end/or investigation in my colored to the basis of examination end/or investigation in my colored to the basis of examination end/or investigation in my colored to the basis of examination end/or investigation in my colored to the time, determined to the basis of examination end/or investigation in the basis of examination end/or investigation end	and piece, end due to the	ceuse(s) end mannar as a	iteted.
Tedical	one) end menner steted.		uete enu piece, ena aué t	o une cause(s)
§ )≥	29b. Signeture end title of certifier 29c. License numbe		29d. Dete signed (Month,	
1	Mar J. N. 8 M. D. D4474	78	DECEMBER	23,1996
h	30. Neme and address of person who completed ceuse of deeth (Item 23e) (Type, Print)	0.16		
1	MATTHEW J. NARRETT 711 MAIDEN CHOICE	LANE C.	A TONSUILLE,	MO 21228
State	31. Date filed (Month, Dey, Year)  32. Registrer's Signeture			
Registrar	DEC 27 1996 Junidson-Mandales			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time f with **Physician** TAUR W. MODANIEL 96 727 12 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner IPACTITORS

If Under 24 Hrs. 8. Dete of Birth
(Month), Dev.
April 19 CEMPEL JOHNS NOPHINS BAYJEW NEPILAL 13 HLTINORE If Under 1 Year Months Deya 5. Sociel Security Number Birthplece (State or Foreign NC Country) 7. Age (In yrs. lest birthdey) **Funeral** Deya 1☐M 2□F 212-34-5752 63 Director Usuel Residence of Decedent with the Maryland 10a. Stete 10d. Inside City Limits 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Modical Examiner mast be notified at MD Baltimore City Baltimore City Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 305 S. Madeira St. 21231 permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Heath and Mental Hygiene.
Important: If item 27 is merked other than "natural", or flars 23a and Injury or other treumatic event, the Medical Examiner manal sonce. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indian, Bleck, White, etc. Myes 2 No If Yes, Give Korea Yeer or Deles: 1 ☐ Never Memled 2 ☑ Merried Baltimore, Maryland 21215-0020 White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Union Local #5 11th Iron Worker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Unknown McDanie1 0 19a. Informent'a Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 305 S. Madeira St, Baltimore, MD 21231 Paula K. McDaniel 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State MetroCrematory Catonsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenson

Dean P Charlton 22. Name end Address of Fecility Charlton Funeral Home 2007 Eastern Ave, Baltimore, MD 21231 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, auch as cardiec or respiretory errest, abock, or heart feilure. Liat only one cause on each line. Approximete interval Betw Onset and Deeth **Physician** /Medical Immediete Causa (Finai disease or condition resulting In deeth) LIVER FAILURE DHE WEEK Examiner Dua to (or as a consequence of): Examiner YEARS ALCOHOLIC 42471-12715 physician and the burial-tran-Sequentially list conditions, if any, laeding to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, certificate be Physician/Medical Due to (or es a consequence of): 2 9117 à 200 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contribute to the cause of death? d by 1 Yes 2 No 3 Probably 4 Unknown signed to det à 24b. Were autopsy findings evailable prior to completion of cause of death? 24a, Wea an eutopsy performed? Completed page 2 Ħ 2 X No cartificate 1 Tes 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Placa of Death (Check only one) To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 装 27. Menner of Death 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? if or Attending F after death. If Director: After 1 Netural 5 Panding 1 TYes 2 □ No investigetion 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rurel Route Number, City or Town, State) 4 D Homicide To the Funeral 29a: Certifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical (Check only one) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month. Dav. Year) who completed cause of daeth (Itam 23e) (Type, Print)

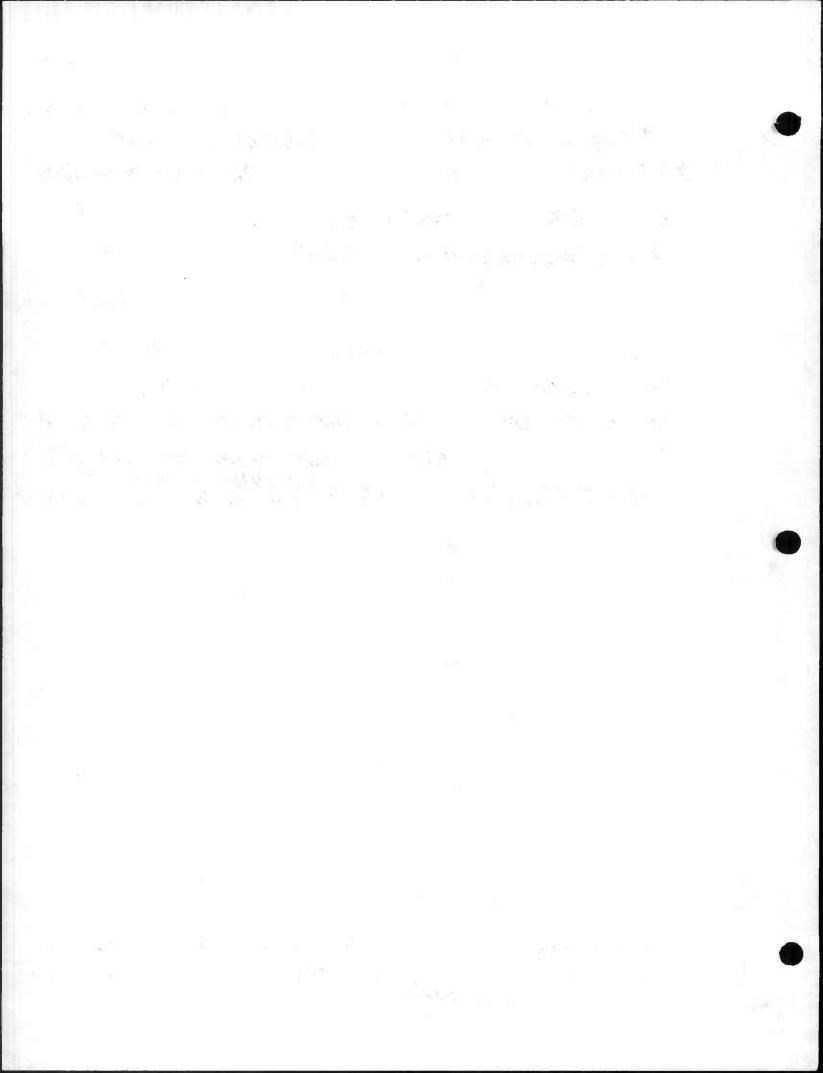
JOHNS HOPKINS HOSPITAL NEPT SURGERY

32. Ragistrer's Signeture

State Registrar

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

				Certifica	ate of Death		Reg. No.	07200
Physic	ion	1. Decedent's Name (First, Middle, Last)	21 00 0	1 = 0.1		2. Date of De Month	ath	3. Time of Death
/Med		ROBERT EAR	,	LEAN		Dec	. /21/19	111 110
Exami Funeral Director	ner	4a. Facility Neme (If not Institution, give street en  GT, AGN 6-7  5. Social Security Number  6. Sex  1 M 2 L	7597749 L 7. Age (In yrs. lest	birthday) If Uni	4b. City, Town, or  A J  der 1 Yeer   If Under 24 Hrs  s Days Hours Min	1MORE  8. Date of Bir	N/	Birthplace (State or Foreign Couply)
D		Usual Residence of Decedent	14			MYUU	7,70 11	, CAROLINA
the Marylan 28a-f show	rector	10e. State 10b. County  NA  10e. Street and Number	10c. City, To	own or Location	RE		10g. Citizen of Whe	10d. fnside City Limits 1 ☑ Yes 2 ☐ No
h with	io ie	3400 EDMOND	Sonl All	<b>5</b> .	21229		419	A
and 21215-0020 be filed within 72 hours after death with the Maryland stall thygiene. Id other than "natural", or items 23a or 28a-f show event, the Modical Exeminer must be notified at	by Funeral Director	1 Never Married 2 Married 1 1 Ye	Decedent Ever In U.S. od Forces? Yes 2 1 No s, Give or Dates:	If Yes, s	cedent of Hispanic Origin? (specify Cuban, Mexican, Puer 2 No Specify:	Specify Yes or No to Rican, etc.)		American Indian, White, etc.
72 h	eted	15. Decedent's Education (Specify only highest grade comple	ited)	6a. Decedent's U:	work done during most of wo	orkina	16b. Kind of Busin	ess/Industry
d 21215- filed within 72 Hygiene. ther than "nef	Completed	Elementary/Secondary (0-12) Colle	ge (1-4or 5+)	life. DO NOT	use retired)		TRE	ick
aryland 212. should be filed within nd Mental Hygiene. merked other than imetic event, the M		17. Father's Name (First, Middle, Last)		у,		me (First, Middle,	Malden Sumeme)	
ylan buld be Mental Brked o	To Be	JOHN MCLEAN	JR,		Ann	115 31	CANAS	
C 0 0 0 0		19a. Informant's Name/Relationship (Type, Print, ANN) B. MCLE	an i	3400	EDMONDS	Tural Route Number	PALT, M	ne, Zip Code)
Baltimore, M permit. Pages 1 end Department of Heelth Important: If Nem 27 any injury or other to once.		20a. Method of Disposition 1 ☑ Burial 2 ☑ Cremation 3 ☑ Removal f		of Disposition (A etery, cremetory o		Dete /	20c. Location - City	y or Town, Stete
Baltimor bermit. Pages Department of mportant: If it any injury or o		4 Donation 6 Other (Specify)	2 /1/	TI Z10	n Cam, 1	420194	LAWSTON	
Balt permit. Departments Imports eny inju		21. Signature of Funeral Service Licansee	/	22. Na ne	AND ADDES STRONG	4 FUNDI	34/ Homs	E P.A
		23a Part Feller the disease or complications t	hat caused the death. F	2-	10 FRED HI	LTON To	199 ONI	7,177,21224
Physician		23a Part 1 Enter the disease, or complications to about or heart failure. List only one cause	on each line.	o not enter the m	ode of dying, such es cardia	c or respiratory ai	rest,	Approximate Interval Between Onset end Death
/Medical		Immediate Ceuse (Final disease or condition	Gastra	antest	inal Bleer	1	T	1. 1.
Examiner		resulting in death) a.		a consequence of				4 nows
D #5	line	<b>a</b> h	Septu	c She	ecle			Iday
secution and secution	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as	a consequenca o	():			d
.O. Box 68760, the death certificate be executed y the attending physician end tiched for use as the buriel-transit	Medical E	cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	Due to (or as	e consequenca of	<i>t</i> ):			
BO ath c	Physician/	d	to death but not resulting	a in the underlying	cause given in Part I.	23b. Did t	obacco use contrib	bute to the cause of death?
	Phy	Aguired Immunodefi	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				fes 2 No 3	/
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The lew ata has b	omp					10	as Arthu	of death?
Vital I	Be C	25. Was case referred to medical			26 Place of De	1 ☐ Y ath (Check only o		1 Yes °2 No
of Vita Physician: this certific ral director,	ToB	examiner?  1 Yes 2 No Hospital:	Inpatient 2 ER/	Outpatient 3 [	Other:		enca 6 Other (5	Specify)
Manna Phanth After th		2 Accident investigation	ate of Injury Month, Day Year)	o. Time of Injury M	28c. Injury et Work? 1 Yes 2 No	1	ow Injury occurred	
Division	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined 28e. P b	lace of Injury - At home, uilding, etc. (Specify)	farm, street, facto	ory, offica	28f. Location (S City or Tow		r Rural Route Number,
	edical	29a. Certifier (Check only one)  1 Certifying Physician: To 2 Madical Examiner: On the onder	le basis of examination a	ge, death occurre and/or investigation	d at the time, date and place on, in my opinion, death occu	, and due to the d	ause(s) and manne fate and placa, and	r as stated. due to the cause(s)
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F 3 F 0		Samily Tarrow			PO 8216		Dec. 21	. 1996
1		30. Name and address of person who completed a SAMIH JARJOUR St	ause of death (Item 23s	a) (Type, Print)	o caten Ave	BALT	MORE,	MD. 21229
Sta	te	31. Date med (Month, Dey, Jean)	Aighter Ande	de				
Registr		DEC 2 7 1996						



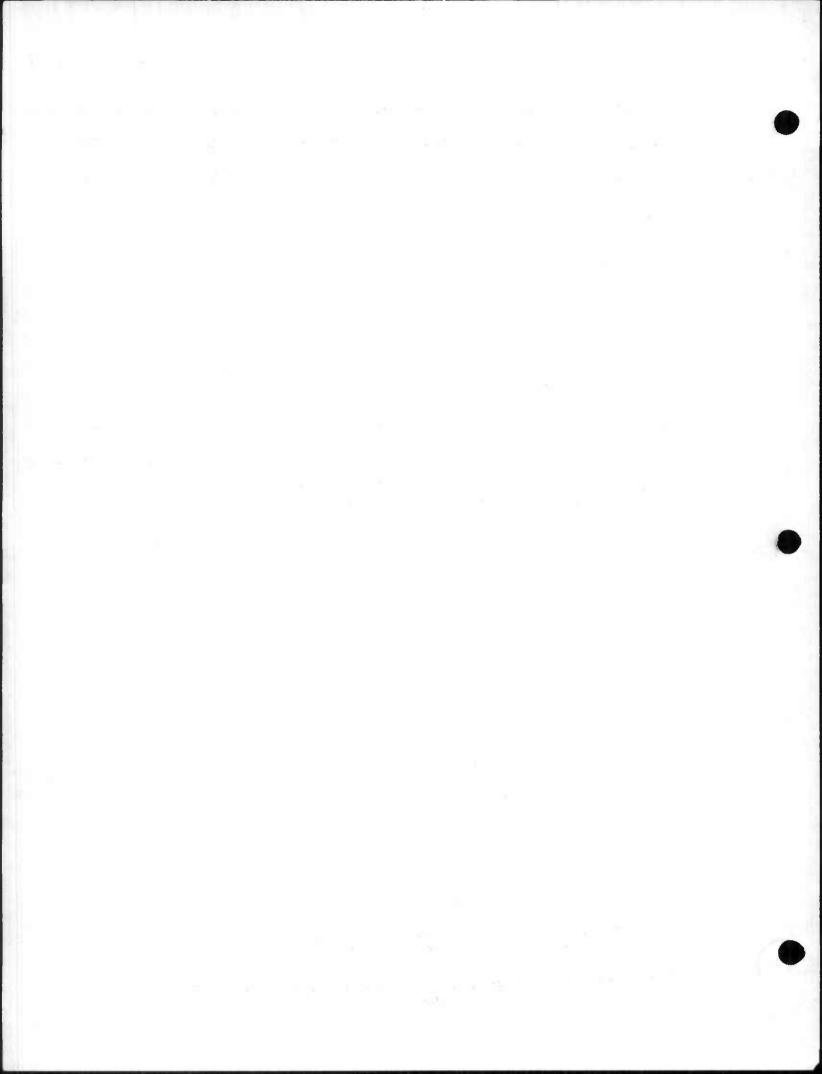
0 0		Decedant's Nama (First, M.	ddla, Las	t)		Ce	TUIIC	ate of	Dealli	2. Data of De	Reg. No.	-	3. Time of Deeth
Physic		ROY	St	<b>FANFORI</b>	)	MAS	ON			Month DEC -	22, 1	Yaar	11:35 P
/Medi Examii		4a. Facility Nema (If not Institu				FIAO	OI	- 4	4b. City, Town, or L				TT:33 F
- Adiiii	ici	SAINT JOS	EPH	MEDICA	AT. CE	NTER		Tre	OWSON, MA	ADVI.ANI		LTIMO	DF
Funeral		5. Social Sacurity Number	6. Se	x 7		s. last birthday		dar 1 Yaar	If Under 24 Hrs.	9 Date of Bird	lh.		
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hysician												Ö	nset and Death
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0 8	Physician/M	Part II. Other significant cond	tions cor	ntributing to deat	h but not ra	sulting in tha u	ndarlyin	g cause give	an in Part I.	23b. Did t	obacco uae co	ntribute to th	e cause of death?
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itnin 24 hours effer of the Funeral Directompletely filled in by	edicai	29a. Certifier 18 Certific (Check only 2 Medic	ring Phys	ician: To the be	st of my kn	owledga, death	occurr	ed at tha tim	na, date and place,	and dua to tha	ause(s) end ma	nnar ss state	ed.
To the Fu		one) 2 Medic	PI EABITIN	and mannar	stated.	auori and/or in	vastigati	on, in my op	olnion, daath occurr	ed at tha tima, o	data and place,	and dua to the	a cause(s)
the the	Σ	29b. Signetura and little of corti	line	1				29c. License	number		29d. Date signe	d (Month Day	Voor!

State Registrar



TOWSON, MARYLAND 21204

D 37254



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39265 Certificate of Death ITEM#27&18 PER F.H. FILM#G743 1-18-97 J.A. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Madeline Myers December 22, 1996 3:35p.m. /Medicai 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Harford Gardens Nursing Center Baltimore
If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 M 200 Months Days Hours Yrs. Director 212-18-4525 Aug 29,1914 Va. the Maryland 10a. State r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. N/A 1 Yes 2 No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whaf Country? death with 2861 Woodbrook Avenue 21217 U.S.A. Funeral 12. Wes Decedenf Ever in U,S. Armed Forces? 1 ☐ Yes ŽŽNo If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 XNo Specify: þ Specify:Black 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Eiementary/Secondary (0-12) Collage (1-4or 5+) Cosmetologist/Domestic Self Employed/Private 6th Grade Baltimore, Maryland 17. Father's Name (First, Middle, Last) unkwn 18. Mothar's Name (First, Middle, Maiden Surname) Be permit. Pages 1 and 2 should be I Department of Health and Mental I Important: If Item 27 is marked or any Injury or other traumatic eve NANCY THOMPSON SAMUEL WINSTEAD 19e. Informant's Name/Ralationship (Type, Print) Goddaughter 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Joyce Coleman 2861 Woodbrook Avenue Baltimore, Md. 21217 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ uriai 2 ☐ Cremation 3 ☐ Removal from Stefe 4 ☐ Donetion 5 ☐ Other (Specify) Dec 27th Baltimore County Md. Arbutus Memorial Park 22. Name and Address of Facility Nutter Funeral Homes Inc. 21. Signature of Funerei Service Licansee 2501 Gwynns Falls PKWY Baltimore, Md. 21216 nutter 23a. Part<sup>†</sup>. Enfer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failura. List only one cause on aach line. Onset and Death **Physician** · Bile duct obs truch'm /Medical Immediate Causa (Finel 1 week diseese or condition resulting in death) Examiner Examiner sician and burial-transit the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lesf Dua to (or as a consequence of): physician s the buria Box 68760 Physician/Medical Due fo (or es e consequenca of): 88 attanding USB for P.O. ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Honknown The law requires that signed b Records, þ 24b. Wara autopsy findings available prior to Completed 24e. Was an autopsy Deen completion of cause of death? page 2 s has 1 Yes 2 100 1 ☐ Yes 2 ☐ No certificata ision of Vital 25. Was casa referred to medical Be 28. Piaca of Daath (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this 28e. Date of Injury (Month, Day Year) 27. Mannes of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. fnjury at Work? After Attending 1 Naturai 5 Pending investigation death. 1 Yes 2 No 2 Accident by the 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) à 4 T Homicide 1 Destricting Physician: To the best of my knowladge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifia: edicai onel 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Yaar) 30. Name and addrass of person who completed causa of daath (Itam 23a) (Type, Print) lask Height De 21204

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State Registrar HARDL

31. Dete filed (Month, Day, Year)

JEC 27 1996

**DHMH 16 Ray 6/95** 

State of Maryland / Department of Health and Mental Hygiene 0.5

20266

					Certifica	ate of	Death		Reg. No.	20	33200		
Physic	cian	1. Decedent's Name (First, Middle, Lo	est)	$\sim$	ATI	115	3	2. Date of De Month	eth Day	Year	3. Time of Death		
/Med Exam		4a. Facility Name (If not institution, gi	ve street and number)		- '		4b. City, Town, or Lo	cation of Deet	2 2_ h 4c. Count	96 of Death	137		
Funera Directo		Carroll County 5. Social Security Number 6.	General Ho	(In yrs. last bi	irthday) if Unc Yrs. Month	er 1 Year S Days	Westminst	8. Date of Bir (Month, Da	Car	9. Birthp	lace (State or Foreign try) Nessee		
the Maryland 28e-f show	_	10a. State 10b. County		10c. City, Tov	vn or Location					1	Od. Inside City Limits		
vith the M or 28a-f	Funeral Director	MD Carroll 10e. Street and Number 3041 Michael D		3041		ip Code	Mancheste	er	10g. Citizen of	What Coun	1 □ Yes 2 √ No htry?		
eath v	eral	11. Marital Status	12. Was Decedent Ev	or in II S	12 Was Doo		Hispenic Origin? (Spe	sife Vac as Na	USA	ca - Americ	nn indiae		
15-0020 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show	by	1 ☐ Never Married 2 【X Married 1 【X Ses 2 1 X Ses 2 3 ☐ Widowed 4 ☐ Divorced Year or Dat		if Yes, specify Cuban, Mexican, Puert				o Rican, etc.)  Black, W  Specify: W			etc.		
T C 1.48	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondary (0-12)	ducation 16a completed) College (1-4or 5+)		ia. Decedent's Usual Occupation (Give kind of work done during most of working) life. DO NOT use retired)			ing 16b. Kind of Busine			ess/Industry		
	Com	12	College (1-401 5+)		aintena	nce	worker	Maintenance			9		
Se al B	To Be	17. Father's Name (First, Middle, Last Lee Mathis	")	18. Mother's Name (First, Middle, Meiden Sur Cordie Green						ne)			
Ma nd 2 : th ar 27 is 1 treu	ľ	19a. Informant's Name/Relationship Lenora D. Mathi					br. Manch				Code)		
0 80 2 2		20a. Method of Disposition  1 XBurlal 2 Cremation 3 C 4 Donation 5 Other (Special		cemete	of Disposition (Nory, crematory of Lawn	other ple	Gardens 1	Date 2/26/9	20c. Location  Marr:		wn, State ville MD		
Baltim permit. Pag Department Important: It any injury o		Po Pov 105 Sylves							aight Funeral Home				
Physician /Medical Examiner	23a. Part1. Enter try disease, or complications that caused the death. Do not enter the mode of dying, such as car shock, or heaf faiture. List only one cause on each line.  sician edical immediate Cause (Fine)										Approximate Interval Between Onset end Deeth		
3 3	eule									8			
bo, the executed pictern and burial-fransit	al Examine	Sequentielly list conditions, if any, leading to Immediate cause. Enter Undertying Cause, Disease or Injury											
ortificate ing phys e as the	VMedical	resulting in death) Last  Due to (or es e consequence of):											
hat the death of by the atte	by Physician	Part II. Other eignifficant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death?  100 res 2 No 3 Probably 4 Unknow				
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The lay	Com							101	res 2000	1□	Yes 2□ No		
vital rician: The certificate rector, pag	Be	examiner?							th (Check only one)				
ding Phys After this Americal di	tion: To	1 Yes 2/2 No  27. Manner of Death  Natural 5 Pending  Nestigation Investigation	28a. Date of Injury (Month, Day Y					me 5 Residence 6 Other (Specify)  28d. Describe how injury occurred			)		
LIVISION  t or Attending after death. Director: After d in by the tune	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	100000000000000000000000000000000000000					28f. Location (Street and Number or Rural Route Number, City or Town, State)					
Hospita 24 hours Funeral stely title	edical C	29e. Certifier (Check only one)  Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.  Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.  Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.  Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.  Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.											
of the land	No	29b. Signature and litie of certifier	lire		29	c. Licens	se number 26 Y		29d. Date signe	d (Month, L	Day, Year)		
3	1	30. Nema and address of person who N. RATPARA M	1A 212 / 101	hind	(Type, Print)	. 6	1264 Vest mir	rster	NI	) 2	1157		
St Regist	ate rar	31. Date filed (Month, Day, Year)  DEC 2 7 1996	32. Registrar's	Signature /	andell								

DHMH 16 Rev 6/95

96-7369-013

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State of Maryland / Department of Health and Mental Hygiene

39267

					Ce	rtificate of	Death		Reg. No.				
Physicia	n	Decedent's Neme (First, Middle, Last)						2. Dete of D	eeth	Yeer	3. Time of Deeth		
/Medic		WILLIAM	J.			M	ALLON III	DECEM	BER 24	1996	11:42A		
Examin		4e. Fecility Neme (If not institution					4b. City, Town, or		th 4c. Count	y of Deeth			
		CARROLL COUNT	Y GENERAL					INSTER	CARI	ROLL	COUNTY		
, Funeral		5. Sociel Sacurity Number 217–52–4749	6. Sex 7. A 1 → M 2 □ F	ige (In yrs. le		if Undar 1 Year Months Deys		(Month, D	irth ey, Year) 9, 1946		ace (Stete or Foreign land		
then "natural", or Nems 23s or 28s-f show		Usuel Residence of Decedent  10e. Stete 10b. County		10a City	Tour or Le	entine							
ahow	'n	Md. Carrol	1		Town or Lo					10	d. Inside City Limits		
28a-1	octo	001101	<b>-</b>	west	tminst			1 □ Yes 2 □ N					
23a or 2	Funeral Director	3607 Oxwed Ct.				10f. Zip Code 21157							
rai', or items 23a or 28a-f ahov Examiner must be notified at	P	11. Maritel Stetus  1 Never Merried 2 Marrie  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 ☐ If Yes, Give 4 Yeer or Detes	? No		Was Decedent of f Yes, specify Cul I□ Yes 2☑ No	Hispenic Origin? (Specify Yes of en, Mexican, Puerto Rican, etc Specify:		Ble	ace - American Indien, eck, White, etc. ify: White Businass/Industry			
piane. r than "netural", r e Med cal Erz	Completed	(Specify only highest Elementary/Sacondery (0-12)	. Decedent's Education only highest grade completed)  ary (0-12) College (1-4or 5		(Give	OO NOT use retire	during most of wor ed)	king					
other t		12 17. Fether's Neme (First, Middle, L	noth		supervisor Condea Vista Co.								
D A	Be	William James						er's Name (First, Middle, Meiden Sumeme)					
7 is marked traumatic e	2				40h M-111-		Mary Ell						
7.5		19e. Informant's Neme/Reletionsh Beverly Mallon					t end Number or Ru				Coda)		
Item 27 I		20e. Method of Disposition	(Spouse)	20h Ple		sition (Neme of	. Westmir	Dete			- Chah		
ry or o		1 Suriei 2 Cremetion 4 Donetion 5 Other (Sp		cer	netery, cremetory or other plece)  View Memorial Park			Dete 20c. Location - City or Town, Stete 12–30–96 Sykesville, Md.					
important: If i any injury or once.		21. Signeture of Funerel Service L			22. Name end A		nes of English	aight Funeral Home & C					
- 00		74000 711.	Hoight		P.O. Box 195 Sykesville, Md. 21784								
	Medical Examiner	Saquentielly list conditions, if eny, leading to Immediate ceuse. Entar Underlying Ceuse (Diseese or injury thet initieted events rasulting in death) Last											
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he att	SICI	Pert II. Other significant condition	ven in Pert I.	23b. Did tobacco use contribute to the cause of death?									
	by Physician								1 Yes 2 No 3 Probably 4 Unknow				
								perfe	en autopsy ormed?	evei	e autopsy findings lebte prior to pletion of cause		
12 G	Completed							INSPI	ECTION	of de	eath?		
cate.									Yes XXNo	10	Yes 25 Xo		
	10	25. Wes casa referred to madicel exeminer?	Hospitel:			26. Piece of Death (Check only ona)							
2 7 1	0	1 Tyras 2 No		ng Home 5 ☐ Residence 6 ☐ Other (Specify)									
tor: After th	Certification:	27. Mennar of Deeth  1 DNaturel 5 Pending 2 Accident Investige 3 Suicide 6 Could no	tion	28e. Dete of Injury (Month, Day Year)  28b. Time of Injury  M  28c. Injury et Work?  1  Yes 2 No									
at Direct led in by	Certific	determined  determined  determined  28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, Stete)					
		29a. Certifier 1 Certifying (Check only one) 2 Medical Ex	Physician: To the best taminer: On the basis of end menner st	f axamination	edga, daath n end/or inv	occurred at the ti astigation, in my o	me, dete end place, opinion, deeth occur	end due to the red at the time,	cause(s) end me dete and place,	enner as star and due to t	ted. ha cause(s)		
Tour	-	29b. Signeture end title of certifier	9b. Signeture and title of certifier 29c.						29d. Dete signed (Month, Dey, Year)				
u )		Mys/ /	1 VLOY	10	MD	0	.C.M.E.	I	DECEMBE	R 25	, 1996		
		30. Name and address of person w	no completed ceuse of	deeth (Itam 2	3a) (Type, F								
			adentz,	ND	111	Penn S	treet, E	Baltimo	ore, Ma	ryla	nd 2120		
State		31. Dete filed (Month, Day, Year)		rer's Signatur	9	renn S	treet, E	saltımo	ore, Ma	ryla	nd 2120		

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State of Maryland / Department of Health and Mental Hygiene Q 6

t of Health and Mental Hygiene 96 39268

						Certifi	icate o	f Death	7		Reg. No.	U	37200	
Physiciar /Medica			1. Decedent's Nema (First, Middle, La THOMAS	R. MA	TTH	EW	S	5R.		2. Dete of De Month		Year 1996	3. Tima of Death 8:49 An	
	Exami		4e. Facility Nama (If not institution, given NORTH ARUNZ		ITAL	ASS	SOC.			URNIE	4c. Count	of Death	UNTY	
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	e Maryland	ctor	Usual Residence of Decedent  10e. Stete 10b. County 10c. City, Town or Location  Maryland Anne Arundel Pasadena								10d. Inside City Limits 1 ☐ Yes 2 1 No			
	th with th 23a or 28	al Director	10e. Street and Number 385 Riverside Drive 21122								10g. Citizen of	What Coun		
020	72 hours after death with the Maryland natural; or Nems 23a or 28=f show dicel Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Merried 2 ☑ Married  3 □ Widowed 4 □ Divorcad	12. Was Decedent Ev Armed Forcas? 1 ∑Yes 2 ☐ No If Yes, Giva Yaar or Detes:			Decedent of Hispanic Origin? (Specify s, specify Cuben, Maxican, Puarto Rical res 2 Mo Specify:			ecify Yas or No Rican, etc.)	ify Yas or No- can, etc.) 14. Reca Black Specify:		a - American Indien, ok, White, atc.  White	
21215-0020	n 72 hours "netural",	Completed	15. Decedent's E (Specify only highast gr	15. Decedent's Education (Specify only highast grade completed)				upation e during mo	ing	16b. Kind of Business/Industry				
212	Page 1	ошо	Elemantery/Secondery (0-12)	College (1-4or 5+)			ive kind of work done during most of wor e. DO NOT use retired) et. Police				Baltimore City			
Maryland 2	be file tal Hys d othe event,	To Be C	17. Father's Name (First, Middle, Last					18. Moth	ner's Nemo		Meiden Sumar		1	
imore,	d 2 sh th and 7 is m traum		19e. Informent's Neme/Reletionship (		3	85 Ri	versi			ral Route Number, City or Town, State, Zip Code) asadena, Maryland 21122				
	2 - F		20e. Method of Disposition 1   Buriai 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Othar (Special			of Disposition ory, cremetor Haven	ry or other p	ece) Park	Dec. 2	Date 21,1996	20c. Location Glen Bi		wn, Stete ,Maryland	
Balt	permit. Pag Department Important: I any Injury o		21. Signeture of Funarel Service Lica	Lastn	»li	Mc	Cully	ress of Fed Funer	al Ho	ome d Pasad	ena, Ma:	rvlan	d 21122	
	Physician /Medicai Examiner	ner	Immediate Cause (Final disease or condition resulting in death)  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death										Approximate Interval Between Onset and Deeth	
x 68760,	certificate be executed and inding physician and use as the burial-transit	n/Medical Examiner	Cause (Disease or Injury that initiated events resulting in deeth) Last  Due to (or es e consequence of):											
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	To the Heapthal within 24 hours To the Funcal completary lined	ledical	29e. Certifier (Check only one)  1D3 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) end menner as stated. 2D Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the cause(s) and menner steted.									ated. the cause(s)		
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1	20			completed cause of dee 5H/3350 W	th (Itam 23a)	(Type, Print)	Suin	re 304	/BA	LTIMOR	e ma.	2122	9	
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State of Maryland / Department of Health and Mental Hygiene 39269 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Courth **Physician** DECEMBER Day 5 1<sup>9</sup>96 JOSEPH ROSS MC DEVITT 1400 /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** R.A. COWLEY SHOCK TRAUMA CENTER UMMS BALTIMORE N/A 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) **Funeral**  Birthplaca (Stata or Foraign Country) t**⊘**M 2□ F 215-18-2816 Director 73 April 4 192B Balto. Md. Usual Rasidanca of Dacedant the Meryland show 10a State 10b. County 10c. City. Town or Location ns 23a or 28a-f show 10d. Insida City Limits Md. Anne Arundel Co. Pasadena Director 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7791 Tickneck Road 21122 USA Funeral Rems 12. Was Dacedant Evar In U.S. Armed Forcas? 1 ☑XYas 2 □ No WW I I Yas, Giva Yaar or Datas: 11 Marital Status 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian. r than "natural", or item the Medical Examiner Peges 1 and 2 should be filed within 72 hours efter of next of Health end Mental Hygiene. Int: If Item 27 is marked other than "natural", or Itel Black, Whita, afc 1 Navar Marriad 2 Marriad Maryland 21215-0020 white 1 Yas 2 No Completed by 3 ☐ Widowad 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Collega (1-4or 5+) Elemantary/Secondary (0-12) Carpenter Westinghouse 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be William McDevitt Genevieve Hersh 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) nt of Health e If Item 27 is or other tra 7791 Tick Neck Road Pasadena, Md. Doris L. McDevitt/wife 21122 Baitimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 X Burial 2 Cramation 3 Ramoval from Stata DEC. 18 Department in Important: If any injury or Glen Haven Mem. Park 4 ☐ Donation 5 ☐ Othar (Specify) Glen Burnie, Md. 1996 21. Signature of Funeral Service License 22. Nama and Addrass of Facility McCully Funeral Home of Pasadena 3204 Mountain Rod. Pasadena, Md. 21122 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hock, or heart failure. List only one cause of each line. **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) **Examiner** The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated evants rasulting in daath) Last pue the buriel-trar Dua to (or as a consaquence of): CERTIFICATION APPROVED BY MENT Division of Vital Records, P.O. Box 68760. signed by the attending physician d be deteched for use as the burie Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Bipolar Disorder, Atheroscientichent PV Completed 24b. Wara autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? 1+Vp. Hyp. d.Sm 25. Was cosa relegied to medical examinar? 1/2 Yas 2/2 No piabetes 1 Yas 2 No Attending Physician: Be 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Inpatiant 2 □ ER/Outpatienf 3 □ DOA this 28a. Data of Injury
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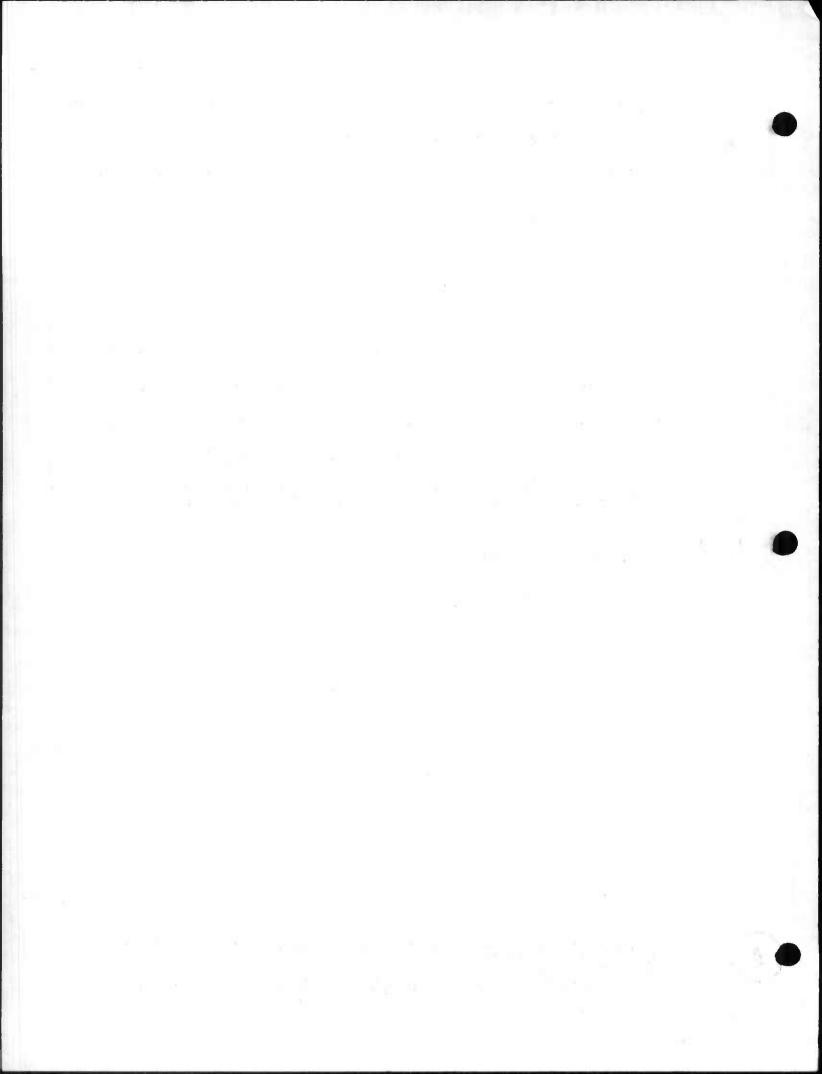
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N91 TICKNECK Ragd AS 10 4 - Homicida ò Home o the Hospital of thin 24 hours at the Funeral D 12 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medicai 29a. Cartifian pletely! (Check only one) 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) thack

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Decedent's Neme (First Middle Last 2. Dete of Deeth **Physician** /Medical Neme (if not institution, give str 4b. City, Town, or Location of Death Examiner Odenton If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthpiace (State or Foreign Country) **Funeral** Months Deys Hours 1 ☐ M 2 🕱 F 33 Yrs. Director 217-84-8834 October 8, 1963 Maryland Usuel Residence of Decedent tha Maryland 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director Maryland Anne Arundel 1 Yes 2 No Odenton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò Norms 23a 164 Pine Cove Avenue 21113 United States Funeral death 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 72 hours after 1 ☐ Never Merried 2 ☑ Married 1 Yes 2 No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 No by Specify 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than College (1-4or 5+) Elementery/Secondery (0-12) Investigator State Insurance Fraud permit. Pagas 1 and 2 should be file.
Department of Health and Mental Hy,
important: If Itam 27 is marked othe
any injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Frederick J. Chapman Shirley Marie Ludwig 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 164 Pine Cove Avenue Mr. LeRoy McDuffie, Jr. / Husband Odenton, Maryland 21113 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 1 ☐ Burial 2 M Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 12/27/96 Towson, Maryland 21. Signeture of Funeral Service Licensee Mark T. Zavoyna 22. Name end Address of Facility Leonard J. Ruck, Inc. Leonard J. Rück, Inc.
5305 Harford Road Baltimo

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. 5305 Harford Road Baltimore, Md. 21214 Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Fine) diseese or condition resulting in death) Examiner Due to (or es e consequence of): Physician/Medical Examiner sician and burial-transit The law requires that the death certificate be assecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of) physician s tha burial Box 68760, Due to (or as e consequence of): 88 usa P.O. 1 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, been signe should be d þ Completed 24b. Were eutopsy findings 24e. Was an eutopsy evalleble prior to completion of cause of deeth? paga 2 2 2 No cartificata 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: 25. Wes pase referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 M Residence 6 ☐ Other (Specify) this 28e. Dete of Injury (Month, Day Yes in by the funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar 5 Pending investigation 1 Netwrel suicide 281. Occasion (Street and Number or Rural Route Number, Sity or Town, State) death. 1 Yes 2 No unshot wound To the Hospital or Attendi within 24 hours after death To the Funeral Director: A competaly filled in by the fi 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29e. Certifier 1 critifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. (Check only one) 29b. Signature 31. Dete filed (Month, Dey, Wear) 32. Registrar's Signature State

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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39271

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 2. Date of Death Month Day 21, Year 96 **Physician** Edward 45 AM Nicka /Medical 4a. Facility Name (If not institution, give street and number) 550 5 Bayview 4b. City, Town, or Location of Death Johns Hopkins Genatric Center

5. Social Security Number 6. Sex 7 And 110 4c. County of Death Examiner Ba) simole, Mo 6. Sex 1 M 2 □ F If Under 1 Year | if Under 24 Hrs. 7. Age (In yrs. last birthday)
Yrs. **Funeral**  Birthplace (State or Foreign Country) 218-01-6649 Days Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits r than "natural", or items 23s or 28s-f shov the Medical Examiner must be notified at Director Maryland N/A 1 Yes 2 □ No Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21205 U.S.A. 5041 Wright Avenue 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mental Hygiene. 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 6th Grade permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 Is marked other than any injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent, the Mental injury or other traumetic avent. College (1-4or 5+) Laborer City of Baltimore 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be John Nickol 20 Carrie Unknown Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Michael C. Nickol/Son 6 Lennings Knoll Court, White Marsh, Maryland 21237 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Oak Lawn Cemetery 12/24/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensi 22. Name and Address of Facility
John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each log. Approximate Interval Between **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Pneumonia Examiner by Physician/Medical Examiner hronic Obstructive Pulmonary Disease
Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Division of Vital Records, P.O. Box 68760, or Attending Physician: The law requires that the deeth certificate be ebrovascular Accident Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown Larynapa 24b. Were autopsy lindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 1 Natural 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28d. Describe how injury occurred After 5 Pending Investigation death. € ☐ Accident 1 ☐ Yes 2 ☐ No after death 8 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signature and title of certifler 29c. License number 29d. Date signed (Month, Day, Year) D50701 December 21, 1996 who completed cause of death (Item 23a) (Type, Print) Bayview Circle Baltimore, MO 21224 5505 31. Date filed (Month, Day, Year) 32. Registrar's Signature Registrar

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December 26, 1996

1. Decedent's Name (First, Middle, Last) 2. Date of Daath **Physician** Month Day 25, Bertha Eleanor Nichols Dec. 1996 6:40am /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Elizabeth's Rehab. and Nursing Care Ctr.

5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Months Days Baltimore 5. Social Security Number Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 10 M X F Months Days Yrs. 215-12-8947 Director 76 Dec. 25, 1920 Maryland Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location "natural", or items 23s or 28s-f show 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 11 Glenwood Avenue 21228 USA Completed by Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 20 No tf Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: Specify: 3 X Widowed 4 □ Divorced White 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Ktnd of Business/Industry Pages 1 end 2 should be filed within nent of Health end Mental Hygiene. nnt: If Item 27 is marked other then ' ury or other traumatic event, Ins Ma Etemantary/Sacondary (0-12) College (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Albert Stern Miller Mary Hutchins Marr 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Mary Susan Fontz/daughter 430 Yorkshire Drive Severna Park, MD 21146
of Disposition (Name of Dete 20c. Location - City or Town, State 20b. Ptece of Disposition (Name of cemetery, crematory or other place) permit. Page Depertment of important: if eny injury or once. 4 ☐ Donation 5 ☐ Other (Specify) New Cathedral Cemetery 12/28/96 Baltimore, MD 22. Name end Address of Facility
MacNabb Funeral Home, P.A. 21. Signature of Funeral Servica Ligensee Dawn F. McDonald 301 Frederick Road Baltimore, MD 21228 23e. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each tina. Approximata Interval Between Onset and Deeth **Physician** tutic to Bone + Bruin /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Lest Dua to (or as a consaquance of) P.O. Box 68760. Physician/Medicai Due to (or es a consequença of) for use es Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the cause of death? is certificate has been signed by director, page 2 should be detac 1 No 3 Probably 4 Unknown Records, Completed by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: Be 25. Was cese rafarred to medical examinar? 26. Place of Death (Chack only ona) Other: 4X Nursing Home 5 Residence 6 Othar (Specify) 2 1 ☐ Yes 2 ☐NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28d. Describe how tnjury occurred 5 Pending Investigation 1X Natural s effer death.

i Director: Aff
in by the fu 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homictde Hospital To the Hospital \*\* Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

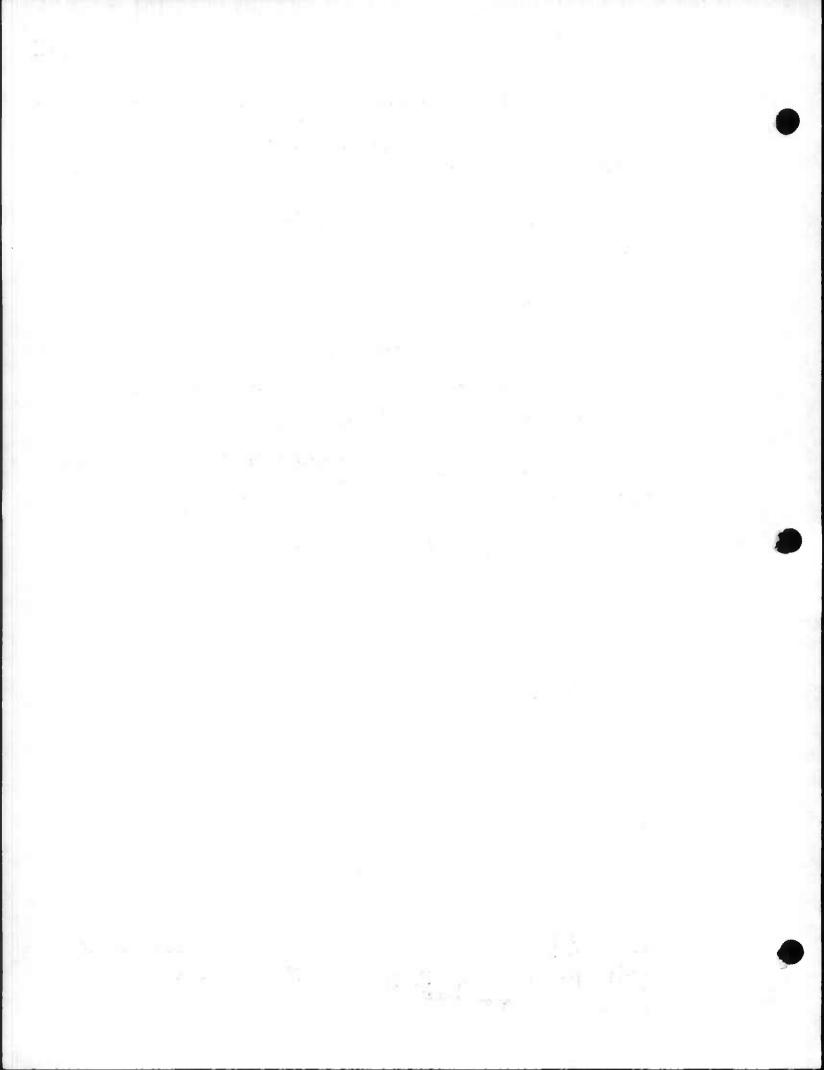
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier **Vietelu** (Check only one) 29b. Signeture end title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number 62

State Registrar

es of person who pompla 31. Date filed (Month, Day, Year) DEC 27 1996

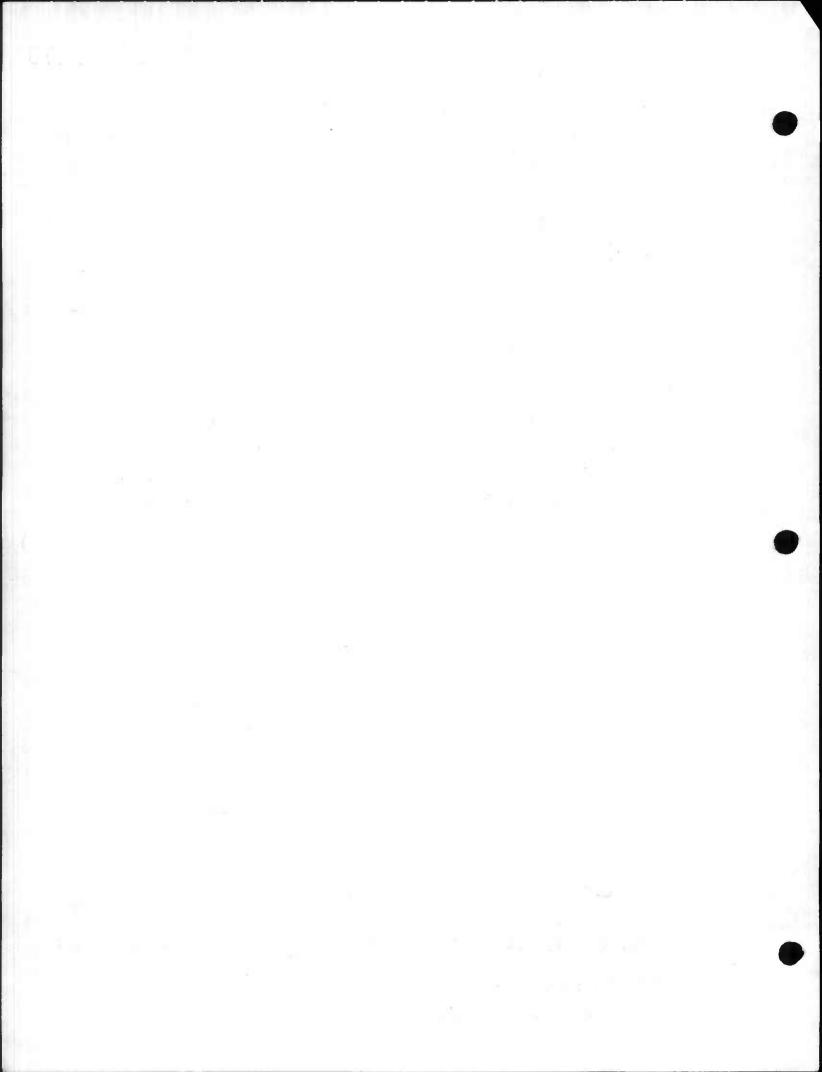
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 39273

			Certificate of Death	Reg. No.
Dhuc	laian	1. Decedent's Name (First, Middle, Lest)	Olevel Ty 2	Date of Death Month Day Year  3. Time of Death
	ician dical	seorge sering	our or	Month Day Year 12 23 1996 1140019
	niner	4a. Facility Name (If not institution, give street end number)	4b. City, Town, or Loca	tion of Death 4c. County of Death
		851, Greage 8th	set BALT	O Bauto City
<sub>c</sub> Funer	al	5. Social Security Number 6. Sex 7. Age (In yrs. Ia:	sf birthday) If Under 1 Year If Under 24 Hrs. 8 Months Deys Hours Min. 8	Date of Birth (Month, Day, Year)  9. Birthplece (Stete or Foreign Country)
Direct	or	014-00-01/10	Yrs.	Kb 19, 1132 Country) Md
P 3		Usual Residence of Decedent  10a. Stata 10b. County 10c. City	Town or Location	Land bold on the
Aarylan I show	5	14	0 11	10d. Inside City Limits
vith the Maryla or 28a-f show	ect	10e. Street end Number	Ba 1 to	
¥ iş	급	OCI W	Tot. Zip Coda	10g. Citizen of What Country?
leath w	Funeral Director	11. Marital Status 12. Was Decedent Ever in U.S.	13 Was Decedent of Hispanic Origin? (Specif	fy Yes or No- 14. Rece - American Indian,
fter dea	듄	Armed Forcas?  1 Navar Marriad 2 Married 1 Yas 2	13. Was Decedent of Hispenic Origin? (Specif If Yes, specify Cuban, Mexican, Puarto Ric	Bleck, White, etc.
Tore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Haalih and Menall Hygiena. The Maryland and Gentle Han "Instural", or items 23s or 28s-1 show or other traumatic event, the Menalian Examine main by notifical and or other traumatic event, the Menalian Examine main by notifical and the control of the main by notifical and the second or other traumatics.	b		1 ☐ Yas 2 ☐ Mo Specify:	Specify: Black
15-002 72 hours "natural",	B	15. Decedent's Education	16a. Decedent's Usual Occupation	16b. Kind of Business/Industry
within 7 ena. The Wed	Completed	(Specify only highest grade completed)  Elementary/\$econdery (0-12) College (1-4or 5+)	(Give kind of work done during most of working life. DO NOT use retired)	
2121 d within giena.	, E	10 A	Laborer	News Paper
nd 2	Be	17. Father's Name (First, Middla, Last)	18. Mother's Name (F	First, Middle, Meiden Sumeme)
laryland 212: 2 should be filed within and Mental Hygiena. is marked other than surmatic event, ma Ma	10	Blorge Oliver Sr	File-	en Jet
Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event		19e. Informer's Name/Relationship (Type, Print)	19b. Mailing Address (Street and Number or Rural F	Route Number, City or Town, State, Zip Code)
1 and 1 Haalth Haalth wm 27 ither tr		Bernice Oliver	1909 Boone St	Ba 1 to MD 21218
of High		20a. Method of Disposition 20b. Pla. 1 □ Burlel 2 □ Cremation 3 □ Removal from State	ce of Disposition (Name of netery, cremetory or other place)	Date 20c. Location - City or Town, Stata
Pa Pa			2 22 24 25 62 25 119	61 R 1 L MI
Baltim permit. Pa Departmen Important: any injury	OUCS.	21. Signature of Funeral Shrvice Licensee	22. Nama and Address of Facility Bc+	to Funeral Home
m 89F2	ä	Fatricia Soll	1129 N. Caroline	
		23a. Part1. Entar the disease, or complications that caused the daath. shock, or heart failure. List only one ceuse on each line.	Do not anter the mode of dying, such as cardiac or n	espiratory errest, Approximate
Physicia	n			
/Medica		Immediate Cause (Final disease or condition	relatage with	1 Clark Day
Examine		resulting in deeth)  a.  Due to (or a	relastages with sa consequence of): Pleu	· auditeure,
70 %	iner.		Kleu	racy Callering
and trans	Examiner		s a consequence of):	0
Sian sian surfal		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		
68760, ificata be ex g physician as the burial	de	thet initieted events resulting in death) Lest Due to (or e	s a consequence of):	
ox 68760, certificate be executed rding physician and use as the burial-transit	//Medical	d		
		<u>-</u>		
	Physician	Part II. Other significant conditions contributing to death but not resulti	ng in the underlying cause given in Part I.	23b. Did tobacco usa contribute to the causa of death?
P.O hat the ed by the datache		hypertenseen		1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown
dS, Fires the signed dbe del	d by	31		lon War and a
cord v require been si should b	Completed			24e. Was an autopsy performed?  24b. Were autopsy findings available prior to completion of causa
Rec e law has t	John			of death?
The late has cate has	S			1 ☐ Yes 2 ☐ No
Vision of Vital Records, Attending Physician: The law requires tr or death. ector: After this cartificate has been signe by the funeral director, page 2 should be or	Be	25. Was case referred to medical examiner?	28. Place of Deeth (C	check only one)
ohysi this o	L <sub>O</sub>			5 Residence 6 □Other (Specify)
	Certification:	1 Hatural 5 Pending (Month, Day Year)	Injury Work?	I. Describe how injury occurred
Division or Attending after death. Director: After d in by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be	M 1 Yes 2 No	
or At aftar Direction by	E	4 Homicide determined 28e. Place of Injury - At home building, etc. (Specify)	e, farm, street, fectory, office 28f.	Location (Street end Number or Rural Route Number, City or Town, Stete)
Compital Change and Filled		29e. Certifier 1 Sertifying Physician: To the best of my knowle		
Hospital Edwars Funeral	edical	2 Msdical Exeminer: On the basis of examinetion	dge, death occurred et the time, dete and place, end end/or investigation, in my opinion, death occurred a	due to the ceuse(s) and menner es stated.  at the time, dete and pleca, and due to the cause(s)
Divi	Me	29b. Signeture and title of certifier	29c License number	29d. Data signed (Month, Dey, Year)
FFF8		Day O Harris MA	126716	19 10 (10)
2		20 Name and office of	40198	10/00/76
7		30. Name and address of person who completed cause of death (Item 23		
	4040	(,,,)		
S Regis	tate trar	31. Date filed (Month, Day, Year)  DEC 2 7 1996  All American Red	M	
		DECIMITION JUNE 1	γΨ	



96-7253-003 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PER MED FILM g-743 1/14/97 t.t State of Maryland / Department of Health and Mental Hygiene 39274 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month RICHARD O, DEA DECEMBER 18 1996 10:48PM /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL 5. Social Sacurity Number If Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) Funeral 1 M M 2□ F Hours Yrs. Director 37 November 29,1959 220-82-4037 Maryland Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f ehow 10d. Inside City Limits the Medical Examiner must be notified at Anne Arundel Pasadena Maryland Director 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 6 U.S.A. 21122 224 Lake Road or Items 23s Funerai filed within 72 hours after death 12. Was Decedant Evar In U.S. Armed Forces? 1 M Yas 2 □ No If Yas, Giva 9 − 78 to Yaar or Datas: 10 − 8 Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11. Marital Status Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorced Specify: White natural Completed 15. Decedant's Education 18a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Specify only highast grada complated) than, Elamentary/Secondary (0-12) College (1-4or 5+) Installer Pasadena Sign Compnay permit. Pages 1 and 2 should be filed v Department of Health and Mental Hygies Important: If itam 27 is merked other th any Injury or other treumatic event, the 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Harriet Emma Brashears Richard Henry O'Dea 19a. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Coda) 224 Lake Road, Pasadena, Maryland 21122 Harriet Roback (Mother) 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other pleca) 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from Stata 12-23-96 Glen Burnie Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Glen Haven Mem. Park 21. Signature of Funarei Sarvice License 22. Nama and Addrass of Facility McCully Funeral Home of Pasadena 3204 Mountain Road, Pasadena, Maryland 21122 Part 1. Entar tha disaasa, or complications to w ceused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death Physician /Medicai Immediata Causa (Final NARCOTIC INTOXICATION disaasa or condition rasuiting in death) **Examiner** Due to (or as a consequance ot): The law requires that the death certificate be executed Sequentially ilst conditions, if any, laading to immediata cousa. Enter Underlying Causa (Disease or Injury that initiated avants resulting in death) Last Due to (or as a consequance of): Physician/Medical Dua to (or as a consequence of): foru signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the causs of death? 1 Yas 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? has 12 Yas 2 No 1 Yas 2 No certificata Hospital or Attending Physician: Be 25. Was cesa referred to medicel axaminer? 26. Piece of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) P 1 XYas 2 No this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 5 Panding 1 Natural 1 Yas 2 No Invastigation after death Director: A of In by the f death. 2 Accidant FOUND: 12-18-96 FOUND PM UNKNOWN Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) 224 LAKE ROAD 4 T Homicida within 24 hours aft To the Funeral DI completaly filled Ir RESIDENCE PASADENA, MARYLAND 1 Certifying Physician: To tha best of my knowladga, deeth occurred at the time, deta and place, and dua to the ceuse(s) and manner es stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the causa(s) and manner stated. Medical 29a, Cartifiar (Check only one) the the 29b. Signa yra and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) DECEMBER 19,1996 Winter O.C.M.E.

State Registrar 31. Data filed (Month, Dey, Year) DEC 27 1996

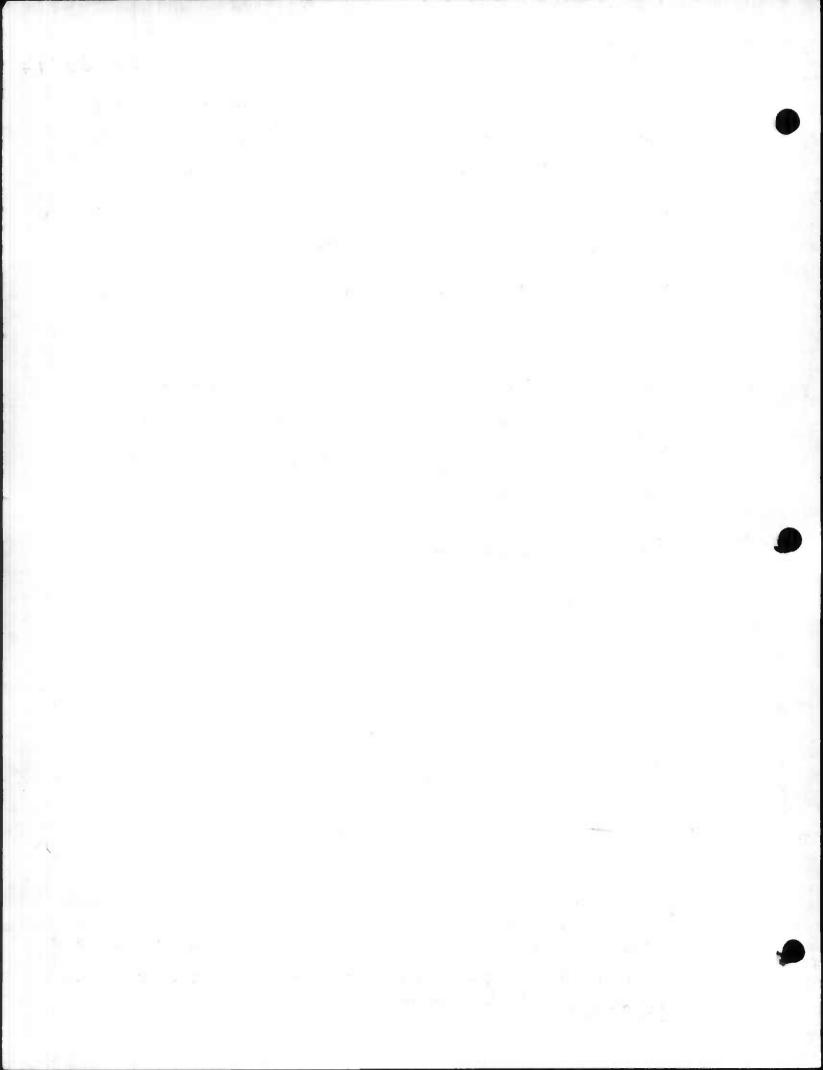
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

A CONCUMENT Penn St A Wille 11 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signer and 10

Baltimore, Maryland 21215-0020

Box 68760,

Division of Vital Records, P.O.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** December 20,1996 Ella Blanche Parsons 5:20 pm /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Bel Forest Nursing & Rehab. Center Forest Hill Harford 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

July 26, 1914 9. Birthplace (State or Foreign Country) West Virginia Funerai 1□ M 2☑ F Months Days Hours Min 235-22-7676 82 Director Usual Residence of Decedent the Maryland 10a State 10b. County "natural", or items 23s or 28s-f show 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Harford Joppa 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 301 Blackburn Court 21085 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White Be Completed by 3 □ Widowed 4 □ Divorced The Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry than Etementary/Secondary (0-12) College (1-4or 5+) Hygiene. Real Estate Salesperson 12th grade Real Estate 7 is marked other traumatic event, 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) permit. Pages 1 end 2 should be file Department of Health end Mental Hy Important: If item 27 is marked othe any Injury or other traumatic event spage. Marvin GOKK Rhodes Laura 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donna Welker (daughter) 301 Blackburn Ct., Joppa, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 12/30/96 Baltimore, Maryland 21. Signature of Funeral Service Licens 22. Name and Address of Fecility
Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Finat disease or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner burial-trensit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last pu Due to (or as a consequence of): The law requires that the death certificate be execu P.O. Box 68760. the Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably Unknown Records, à 8 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? this certificate Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 25 No to 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of Ather Division or Attending 1 Deturel 5 Pending Investigation 1 Yes 2 No after death 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) B 4 Homicide 24 hours Funeral 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end may may steted. Medical 29a, Certifier 29d. Date signed (Month, Day, Year)

Sclander 21, 1886

Sclander MP 29b. Sign 29c. License number 30. Neme and address of pers ing completed cause of death (Item 23e) (Type, Print)

State Registrar

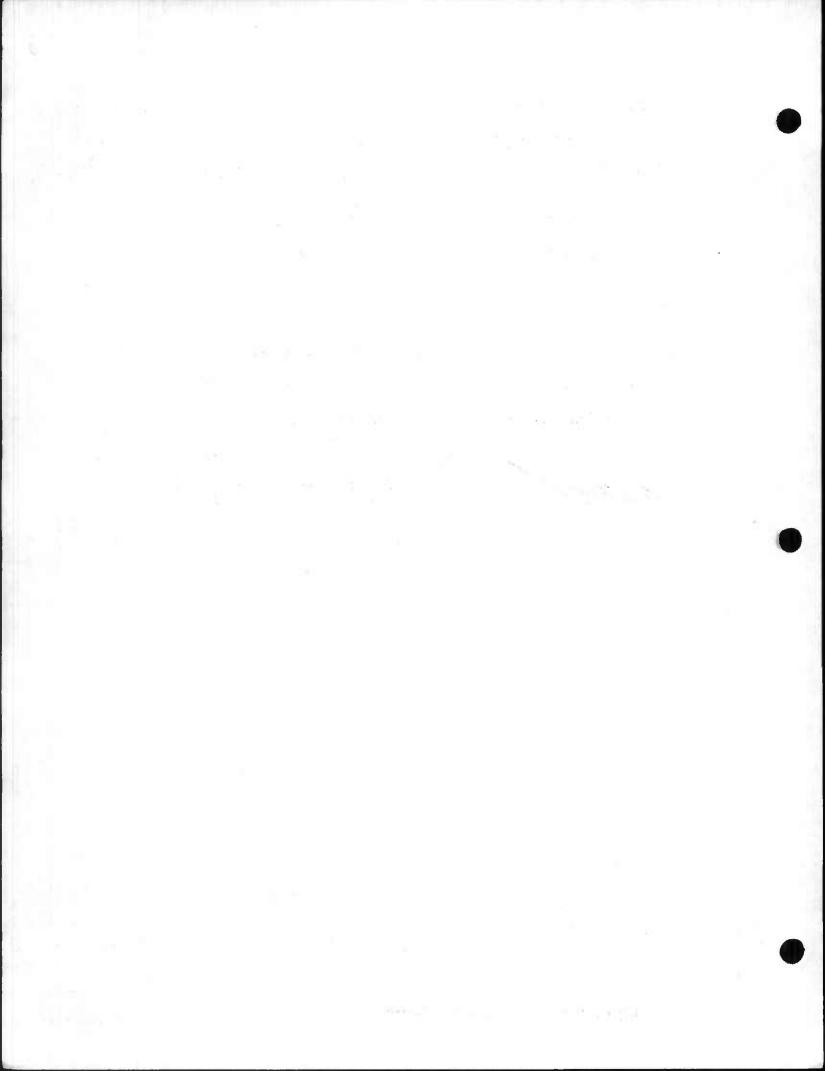
LINMA 31. Date filed (Month, Day, Year)

DEC 27 1996

32\_Registrar's Signature Sidia Davidson

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MEILICH



State of Maryland / Department of Health and Mental Hygiene 96

Physicia /Medic			, Last)							2. Date of De			3. Time of Death
	ai	JOHN MARK  4a. Facility Name (If not institution		IN G				Ab City T	num c" 1	DECEME		, 199	21:20
Examin	er	JOHN HOPKINS  5. Sociel Security Number		EW H	OSPIT.		If Under 1 Year	BALT	CIMC		Balti	more	
Funeral Director		218-62-3518 Usual Residence of Decedent	11 <b>€</b> M 2□ F	7. Age (/ 4	n yrs. lest bin		Months Days		Min.	8. Date of Birt (Month, Da March I	5 1955	9. Birthp Cour MI	viace (State or Foreigntry)
Sa-f show	ctor	MD Balt	imore Ci		Dc. City, Town		e City					1	0d. Inside City Limit
23a or 2	al Director	10e. Street and Number 5064 East Fede	ral St.				10f. Zip Code 21205				10g. Citizen of USA	What Cour	ntry?
0.00	by Funeral	11. Marital Status  1 Never Married 2 Marr 3 Widowed 4 Divorcad	12. Was Der Armed F ed 1 1 Yes if Yes, G Year or	Forces? 2 No Sive	r in U,S.	li Y	as Decadent of I Yes, specify Cub	an, Mexicar	n, Puerto	pecify Yes or No- Rican, etc.)	Ble	ca - Americ ck, White, White	etc.
then a	Completed	15. Decadent (Specify only highes Elementary/Secondary (0-12)	t grade completed	(1-4or 5+)		Decede (Give kii life. Do	nt's Usuel Occu nd of work done O NOT use retire	petion during mos ed)	t of work	king	16b. Kind of B		
over ever	To Be C	17. Father's Name (First, Middle, Lowman Arthur	,					18. Mothe		e (First, Middle,	Ma <i>iden Sum</i> ar Anderso		
ran trau		James P. Poli	np <i>(Type, Print)</i> ng <b>(brot</b> l	her)	19b. 40	Mailing 9 S.	Address (Street Duncan	St,	er or Aur B <b>al</b> t	ral Route Number imore, M	or, City or Town D 21231	, State, Zip	Code)
Department of Haelt Important: If Item 2 any Injury or other once.		20a. Method of Disposition  ★□ Burial 2 □ Cremation  4 □ Donetion 5 □ Other (Sp		n State	cemeter	y, crema	tion (Name of tory or other ple morial		ns D	Date ec 28	20c. Location Baltim		
Depart Import any Inj once.		21. Signature of Funeral By virginal Section 1. Signature of Funeral By virginal Part of Para Part of Para Part of Para Part of Para Part of Para Part of Para Para Para Para Para Para Para Par	lton			2	Name and Address harlton	Fune	ral Ave.	Baltim	ore.MD	21231	
physicia s the bur	/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last	a. Smck b	Due	halate to (or as a control of to (or as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of as a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a c	onseque	enca of):	Therm	ice (	Injuri	4		
y the atten ached for u	Physician	Part It. Other significant condition	es contributing to d	death but no	ot resulting in	the und	erlying cause gh	ven in Part t			obacco usa co fes 2□ No		the cause of death
5.8	Completed by									24a. Was a perfor	an eutopsy med?	ava	ere autopsy findings allable prior to appletion of cause death?
certificate ha		25. Was case referred to medical						00 0	4.0	1 100		15	KYes 2□ No
0 D	0	exeminer? To Yes 2 No	Hospital:	Inpatient	2 ER/Out	patient	3 DOA Ott	ner:		h (Check only o		er (Specifi	()
		27. Manner of Death 1 Natural 5 Pending investig	ation 12/24/	of Injury oth, Day Ye	28b. Ti	njury A	28c. Inju Wo M 1			28d. Describe h Subject i	ow injury occur	red	
fis after deat ral Director: lied in by the	Certification:	3 Sulcide 6XXCould n 4 Homicide determine	ed 286. Place	ling, etc. (S	At home, far pecify)	m, street	t, factory, office			28f. Location (S City or Tow Rear of 6			
within 24-hedrs and to the Funeral I completely filled	edicai	29a. Certifier (Check only one)  1 Cartifying Medical E	Physician: To the xaminer: On the b and mer	e best of my pasis of exa oner stated.	y knowledge, imination and	death or	ccurred at the tis stigetion, in my o	me, date an opinion, dea	d place, th occurr	end due to the cred et the time, c	euse(s) and ma late and piece,	anner as st and due to	ated. the cause(s)
To the comple	Σ	29b. Signature and title of certifier  Lucius	2. Chute	mg.			29c. Licens	ocmE		2	DECEME		Day, Year) 25,1996
State		30. Name end address of person w  Den as J. Ch.  31. Date filed (Month, Day, Year)	Ate MD	se of death	11	Туре, Pri 1 Ре	enn St	reet,	Ва	ltimor	e, Mai	rylaı	nd 21201

DHMH 16 Rev 6/95

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Item2 12-27-96 FilmG742 W.H.Per Doctor Items16b,20b Per F/H
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death ANNAH 6:18 AM ANN DEC 1996 /Médical 4. Facility Name (Il not institution, give street and number)
110 word County Guner 4b, City, Town, or Location of Death 4c. County of Death Examiner : ownsia ovnty General

6. Sex 7. Age (In HOWARD 5. Social Sacurity Number If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) DEC. 27,1917 9. Birthplace (Stata or Foraign Months Days Min. 78 Hours 1 M 2 DE NORTH CAROLINA 218-22-4440 Usual Rasidence of Decedent 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits MARYLAND ANNE ARUNDEL LAUREL Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 210 OLD LINE AVE. 20724 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian. Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 □ Naver Married 2 □ Married 1 ☐ Yes 2 No à Specify 3 Wildowed 4 □ Divorcad WHITE Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collage (1-4or 5+) 12 HAIR DRESSER COSMOTOLOGY 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Be Brethbart SAMUEL HORNSTEIN YETTA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Coda) MRS. LINDA LEA (DAUGHTER) 210 OLD LINE AVE. LAUREL, MD 20724-2208 20b. Place of Disposition (Nama of paratary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cramation 3 Ramoval from State 4 Donation 5 Othar (Spacify) BETH JACOB - FINKSBURG, MD 12-26-1996 FINKSBURG, MD 5 Othar (Spacify) meral Survice Licens 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Final disaasa or condition resulting in death) PRobable a cute myo cardial
Due to (or as a consequence of):

Coronary a thero sclerosis Sequentially list conditions, if any, laading to immadiate cause. Entar Underlying Causa (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings 24a. Was an autopsy performed? available prior to completion of causa of death? 210 No 1 ☐ Yes 1 Yes 2 No

**Physician** /Medical Examiner

that the death certificate be executed

P.O. Box 68760

**Funeral** 

Director

28a-f show

ŏ Herns 23a

traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or item any Injury or other traumatic event, ma Mentel

Baltimore, Maryland 21215-0020

the Maryland

Physician/Medicai þ Completed 25. Was casa referred to medical examiner? Be 27. Manner of Death

Examiner physician end s the burief-transit signed by the ed be detached for Certification: To

Medical

Records, page 2 certificate Division of Vital Hospital or Attending Physician: '24 hours after death.
Funeral Director: After this certificately filled in by the funeral director, p To the Hospital c Within 24 hours at To the Funeral D completely filled i

> State Registrar

29b. Signature and titla of certifier REES JOHN

5 Pending Investigation

6 Could not be determined

29c. Licensa number

1 Tes 2 No

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the causa(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

30. Nama of address of person who completed causa of death (Item 23a) (Type, Print)

Hospital: 1 | Inpatient

28a. Date of Injury (Month, Day Year)

2 ER/Outpatient 3 DOA

28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office bullding, atc. (Specify)

31. Data filed (Month, Day, Year)

1 Yas 2 No

1 Natural

2 Accident

3 Suicide

29a Certifier (Check only one)

4 Homicide

32. Registrar's Signature DEC 27 1996

Jana Tavidson Rendell

26. Place of Death (Check only ona)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Dascribe how Injury occurred

#### Plea

Please	Type or Print	in Black	Indeli	ble Inl	c. Assure	All Copies	Are Legi	ible.	
	State of Ma				Health and Death		giene G	16 39	9278
1. Decement's Name (First, Middle, Le	est)	1	1	1	00	2. Date of Dea	ith	3. 1	Ime of Death
HENRY	E.	P	Lum	ho-	<del>}                                    </del>	Denem	ber 20	1996 1	:37pm
4a. Facility Name (If not Institution, give	re street end number)	1 1	1	2	4b. City, Town, or	Location of Death	4c. County	of Death	1
217-03-6886	Sex 7. Aga	TAL (In yrs. lest birth 85 Y	#S S oday) If Ur Mont	nder 1 Yea			ANN Year) 1 26, 1	9. Birthplace ( Country)	State or Foraign ryland
Usual Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location						
Maryland Anne Art			n Burr	nie					side City Limits  Yes 2 No
10e. Street and Number									162 5 140
7855 Gordon Court			101.	Zip Code 21	060		U.S.		
11. Marital Status  1 Navar Married 2 Married 3 Widowed 4 Divorcad	12. Was Decadent Ev Armed Forces? 1 ☐ Yes 2 Mo If Yas, Give Yaar or Datas:		If Yes,	ecedent of specify Cu s 2 No	Hispanic Origin? (s ban, Maxican, Puel Specify:	Specify Yes or No- to Rican, etc.)	Blad	ce - American inc ck, Whita, atc. White	lian,
15. Decedant's E	ducation	16a. [	Decedent's U	Isual Occi	pation		16b. Kind of B	usiness/Industry	
(Specify only highest gra Elementary/Secondary (0-12)	ade completed)  College (1-4or 5+)	(	Give kind of life. DO NO	work done Tuse retir	e during most of wo	orking			
8	0		Mechar	nic			Luby	Chevrol	et Co.
17. Fathar'a Name (First, Middla, Last,					18. Mother's Na	me (First, Middle,	Malden Sumen	ne)	
Henry G. Plu	umhoff				Loui	se	Dieda	min	
19a. Informant's Name/Relationship ( Evelyn A. Plumhod					court, C				
20a. Method of Disposition  1   Burial 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Specif.	Removal from State	20b. Place of I cametery Cedar	cremetory	or other pl	ece)	Date 12-24-96		City or Town, Si Ore, Ma	
21. Signature of Funeral/Service Liqui	Somm	h	22. Name 3204	and Addi	ass of Facility Mo tain Road	Cully Fu	neral H na, Mar	Nome of	Pasadena 1122
23a. Part1. Enter the disease, or com ahock, or heart failure. List only	plications that caused the one causa on each line.	ne death. Do no	ot enter the r	mode of dy	Ing, auch as cardia	c or raspiratory are	rest,	fnten	oximate ral Between it end Death
Immediate Cause (Final disease or condition resulting in death)	a. R135/	O I B M	- /	ot):	ZAILU	113		1	HA
Sequentially list conditions,	b. CHMUNI		3 517	vc)		10517	MIMI	2e	yns
if any, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury that Initiated events	c. Du	e to (or as a co	nsequenca	of):					
resulting in death) Last	d			,					
Part II. Other significant conditions o	ontributing to don'th but	not consisting to t	ha undaduia		ion le Dest I	ear aid a			
atti. Ottes agrinoani conditiona c	Onthibuting to death but	not resulting in t	ne undertyir	ig cause g	ven in Part I.		es 2 No	ntribute to the c	4. Unknown
						24a. Was a perior		24b. Were aut available completic of death?	prior to on of cause
						1 🗆 Y	es 2 No	1 ☐ Yes	201 No
25. Was case referred to madical				-	26. Place of De	ath (Check only or			
examiner?	Hospitat: 1 ☐ Inpatiant	2 ☐ ER/Outp	atlent 3	BOA O	her:	loma 5 ☐ Resid		er (Specify)	
27. Manner of Death  1 Naturel 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Y	28b. Tir	ne of	28c. Inju		28d. Describe h			
3 Suicide 6 Could not be determined		- At home, fam (Specify)	n, street, fac	tory, office		28f. Location (S City or Town	treet end Numb n, State)	er or Rural Rout	e Number,
29a. Certifler (Check only one) Certifying Ph	ysician: To the best of r niner: On the basis of ex and manner state	camination and/	death occurr or investigat	ed at the t	ime, date and place opinion, death occu	e, and due to the curred at the time, d	ause(s) and ma late and place,	anner as atated.	nuse(s)

Physician /Medical **Examiner** 

pue

**Physician** /Medical

Examiner

29b. Signatura and title of certifiar

**Funeral Director** 

Be Completed by

P

**Funeral** Director

permit. Pages 1 end 2 should be filed within 72 hours effer death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinar must be notified at angles.

Baltimore, Maryland 21215-0020

Certification: To Be Completed by Physician/Medical Examiner

jo detached director, page 2 should be

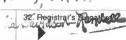
or Attending Physician: The law requires that the death certificate be executed use es the buriel-tran Division of Vital Records, P.O. Box 68760. the attending physician this certificate hes after deeth.

Il Director: After this
ed in by the funeral d ed in by

Medicai

30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)

TO HAI SHAVITAS, A. O. 518 CMP 内はから 31. Date filed (Month, Dey, Year) State DEC 27 1996 Registrar

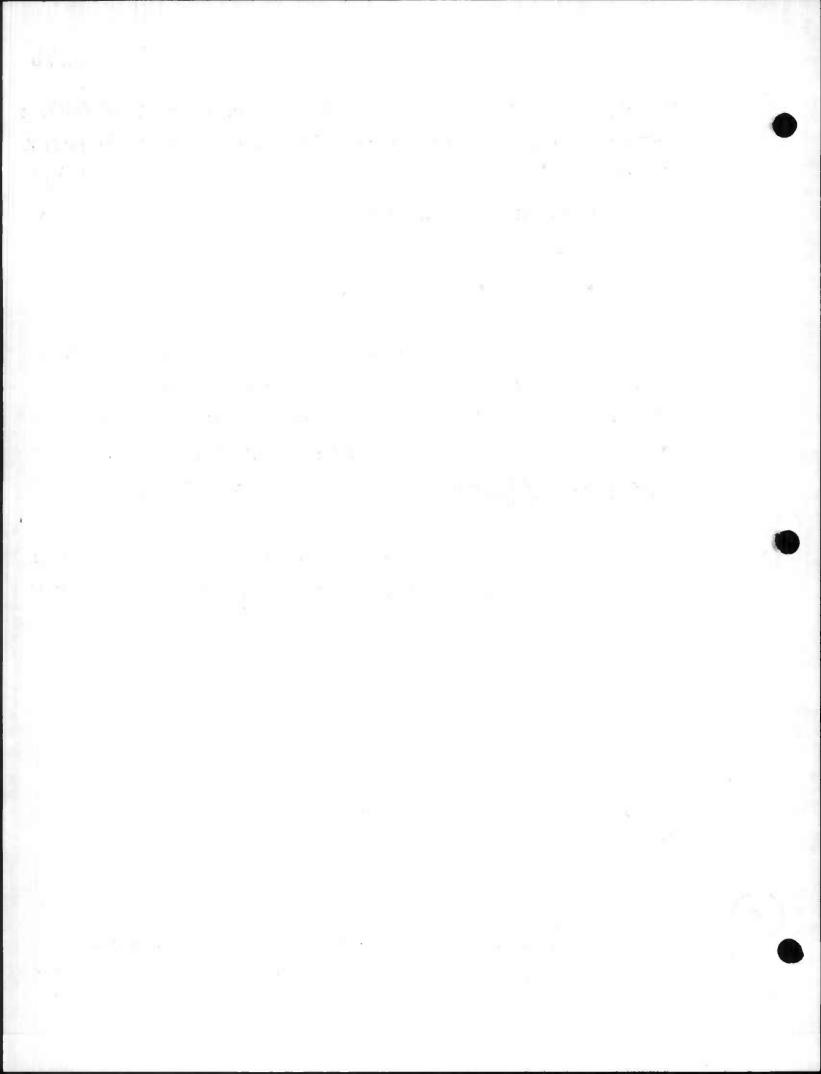


32. Registrar's Angatude

29c. License number

29d. Date signed (Month, Day, Year)

LINITH (U7, MA



State of Maryland / Department of Health and Mental Hygiene

96 3927

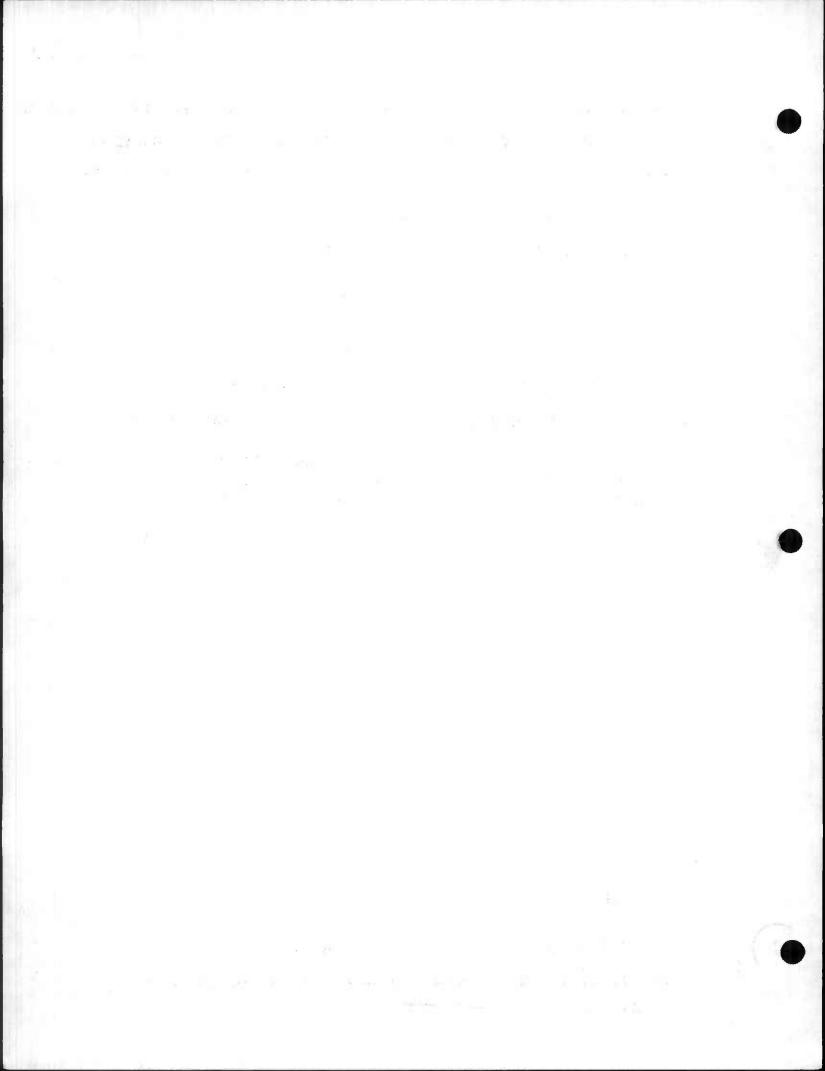
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Month Day DEC. ANTOINETTE PALEN 18, 1996 /Medical 12:35 AM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Hours Months Days 86 Director 214-44-6167 June 2, 1910 Maryland Usual Residence of Decedeni 10a State 10b. County 10c. City, Town or Location 23a or 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director MD. N/A 1 Yes 2 No Baltimore (Curtis Bay) 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1640 Ceddox Street 21226 U.S.A. death Funeral Hems ; 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. 11 Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes: 1 Never Married 2 Married 0 altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: 2 3 Widowed 4 □ Divorcad natural', White Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Housewife Home 5th Ω 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Pages 1 and 2 should be nent of Health end Mentai merked 2 Simon Gelumbauskas Eleanora Thomkunas 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) nt of Health enc If item 27 is n or other traun Janice DeBarbieri ( Daughter ) 806 Scott Circle Glen Burnie, MD. 21061 20b. Plece of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State permit. Pages 1
Department of H
important: If its
any injury or ot 1 Surial 2 Cremellon 3 Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Holy Cross Cemetery 12/20/96 Brooklyn Park, Maryland 21 Signature of Funeral Servica Licanspe 22. Name and Address of Facility
23.7 E. Patapsco Ave. Balto., MD. 21225 Kevin E Ecker 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Final PERITONITIS UNKNOWN disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner DISRUPTION/LEAKAGE BOWEL ANASTOMOSIS UNKNOWN The law requires that the death certificate be executed burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Bud Due to (or as a consequence of) BOWEL RESECTION physician s the burial 6 DAYS P.O. Box 68760. Physician/Medicai Due to (or as a consequenca of) esn d. RECTAL PROLAPSE been signed by the e should be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 47 Unknown ATRIAL FIBRILLATION Records, à 24b. Were autopsy findings avellable prior to completion of cause of death? Completed 24a. Was an autopsy performed? DEMENTIA pege 2 certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital or Attending Physician: funeral director. Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) 1 Yes 2 No
27. Manner of Death Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Tinpatieni 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dale of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 2 Accident death. 1 Yes 2 No after death 3 Sulcide 6 Could not be determined Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funers! Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medical 29e. Certifie completely (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) m.D D 24025 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) EDUARDO P. LAYUG, MD 7620 YORK ROAD TOWSON, MARYLAND

.32. Registrer's Signature

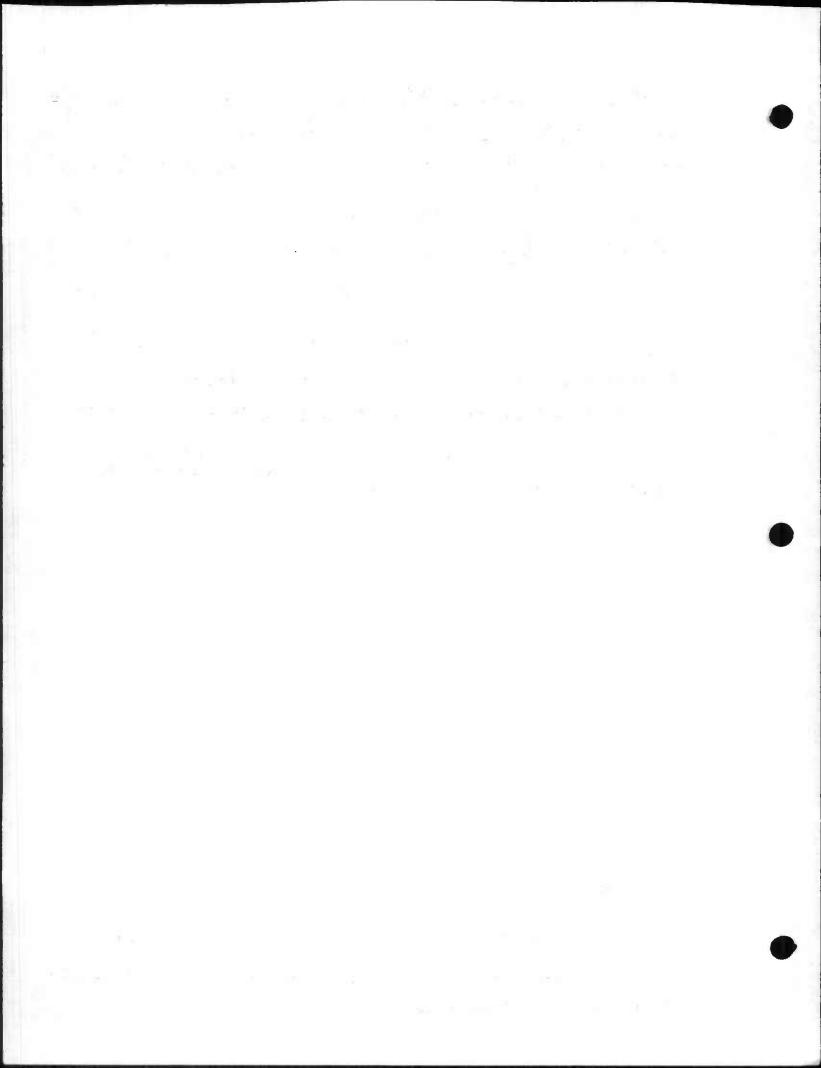
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State Registrar



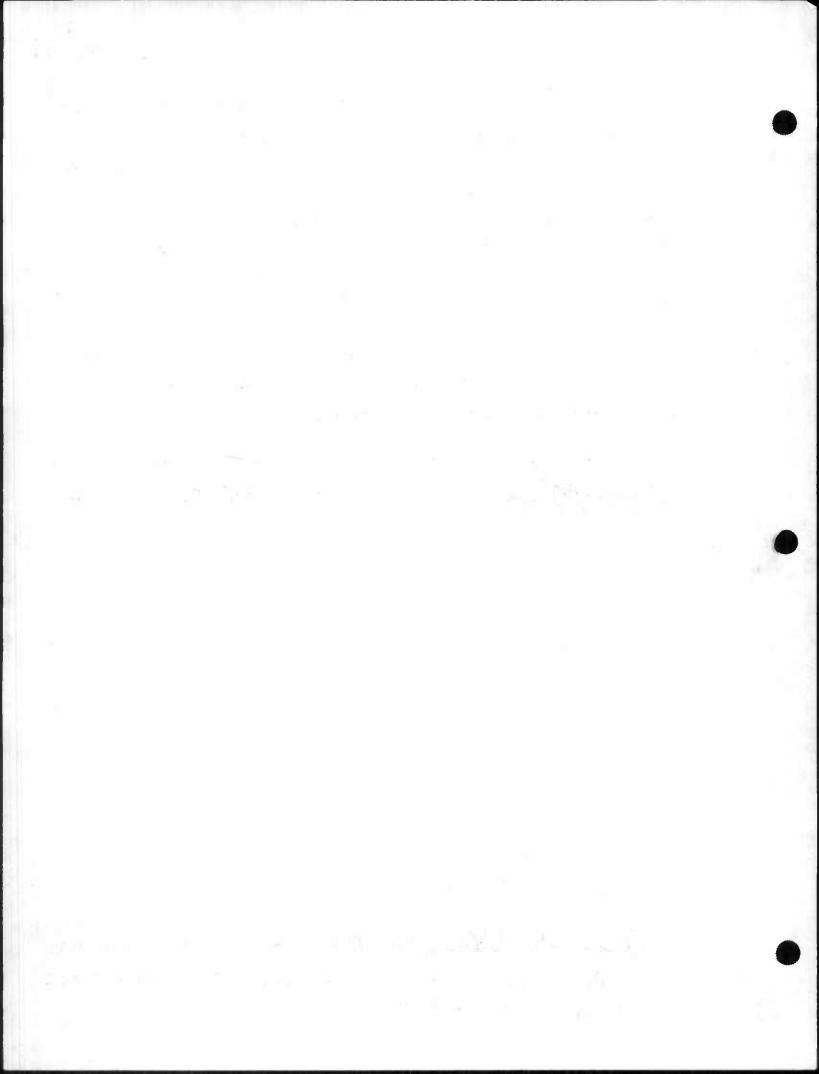
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	State of Maryland / Department of Health and	Mental Hygiene	96
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Physician /Medical 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month Day // 1 dred Mozelle Peterson // 10	3. Tima of Deeth
Medical Mildred Mozelle FeTerson 11 10	
	7/2-0-
Examiner 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c.	County of Deeth
BAYVIEW MEDICAL CENTER BALTIMORE	NIF
Funeral  5. Social Security Number  6. Sex  7. Age (In yrs. lest birthday)  1 Months Days Hours Min. (Month, Day, Year)	9. Birthplace (Stete or Foreign
Director 218-16-17-33 TUM 24 TO Yrs. 01 02 94	Virginia
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MARYland N/A Baltimore	1 Yas 2 □ No
MARY and NH Batimore  106. Street and Number  107. Zip Code  109. Citi	en of What Country?
5505 Hopkins Bayview Circle 21224	SA
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	Sumema)
ESTher Fowlkes  19e. Informant's Name/Reletionship (Type, Print)  19b. Mailing Address (Street end Number or Rural Routa Number, City o	
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20a. Method of Disposition  1 Burlel 2 Cramation 3 Removel from State  20b. Plece of Disposition (Name of cemetery, crametory or other place)  1 Deta  20c. Lo  1 Deta  20c. Lo  20c. Lo  20c. Name and Address of Facility Unity Funer  21. Signature of Funeral Service Licansee  22. Nama and Address of Facility Unity Funer  22. Nama and Address of Facility Unity Funer	dallstown MD.
23a. Ferty. Enter the disasse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest	Approximate
23a. Fert. Enter the disaese, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line.	Interval Between Onset and Death
/Medical immediate Causa (Final disease of condition )	sease lours
Dua to (or as a consequence of):	
8 to bacco Use	
Sequentially list conditions, if any, leading to immediate cause Enter Undertying	
20 2 5 7 Ceuse Disease of Injury C.	
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Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.  23b. Did tobacco	No 3 Probably 4 Unknown
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24a. Was en eutop performed?	24b. Were autopsy findings available prior to completion of cause
Ø ≥ 00 D	of death?
To the state of Deeth (Check only one)	No 1 Yas 2 No
25. Was case referred to medical examiner?  1	Other (Specify)
O	
1   Natural   5   Pending   (Month, Day Year)   Injury   Work?   1   Yes 2   No   No   No   No   No   No   No	
24a. Was en eutopperformed?    Comparison of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the co	Number or Rural Route Number,
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29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s)  (Check only one)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, deeth occurred at the time, dee	and manner as stated. placa, and due to the cause(s)
29b. Signatura and title of certifier 29c. Licansa number 29d. Dat	a signed (Month, Day, Year)
150 Showell MD 96,706	11/10/96
30. Name and eddrass of parson who completed cause of deeth (Item 23a) (Type, Print)	• •
Bayview modical Confer 4940 EAStone AVE Bollo	mh 21224
State 31. Data filed (Month, Day, Yaar) 32. Registrar's Signature	1110.000



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3928 |

					Certific	cate of	Death			Reg. No.		
		1. Decedent's Name (First, Middle, Li	ast)					7	2. Date of Dec	ath		3. Time of Death
Physic /Medi		М	OLLIE		POLI	TZER			DEC. 2	25, <sup>Dey</sup> 1996	Year	12:15am
Exami		4a. Facility Name (If not institution, gi 6317 PARK HEIGHT						wn, or Lo	cation of Death	4c. County	of Deeth	
Funeral Director			Sex 7. / 1□ M 2□XF	Age (In yrs. last bir 87		Inder 1 Year nths Days		24 Hrs. Min.	8. Date of Birt (Month, Da: MARCH	h y. Year) 1 9,190	9. Birthple Count MARY	ece (State or Foreign LAND
pue *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	m or Location	1						
Ba-I sho	Director	MARYLAND	N/A	Tou. Only, Tow		BALT	IMORE					d. Inside City Limits 1  Yes 2 □ No
23a or 2	ai Dir	10e. Street and Number 6317 PARK HEIGHT	S AVE., A	PT. 602	10	of. Zip Coda 2121.	5			10g. Citizen of USA	What Count	ry?
hours efter death with the Marylend ural; or flems 23s or 28s-f show	by Funerai	11. Marital Status  1 □ Never Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Deceder Armed Forces 1  Yes 2 If Yes, Give Year or Dates	\$? 4No	If Yas,	Dacedent of specify Cul	ban, Mexicar	i, Puerto I	ecify Yes or No- Rican, atc.)		ea - Amarica ck, White, a	
72 Tag	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a.	Decedent's (Give kind o	of work done	during mos	t of workii	ing	16b. Kind of B		ustry
withir sne. than	mpi	Elementery/Secondery (0-12)	College (1-4o	r 5+)	life. DO No	OT use retire ESLAD	ed)			Retai		
be filed ital Hyg of other event,	To Be Co	17. Father's Name (First, Middla, Last BENJAMIN	)	LOSINSK		ESLAD.			(First, Middle,	Meiden Suman		
2 sho and is m	-	19a. Informant's Neme/Relationship DR. SHIRLEY GLAS								er, City or Town,		Code)
Peges 1 end nent of Health ant: If Item 27 ury or other tr		20a. Method of Disposition  1X Burial 2 Cremation 3 C 4 Donation 5 Other (Speci		20b. Place of cemeter		(Name of			Date 26	20c. Location	City or Tov	
permit. Peges Department of Important: If it any injury or once.		21. Signature of Funeral Service lifts	ruger		22. Nam	SOL LI	ass of Facilit EVINSO STERST	N & I	BROS.,I	NC.		21208
Physician /Medical Examiner	ner	23a. Part. Enter the crease or conshock, or heart feilure. List only immediate Cause (Final disease or condition resulting in death)	a.	Due to (or es a)	(	Car	1. CC v		respiretory ar	1951,		Approximate Intervat Between Onsat and Death
eath certificate be executed attending physician and for use es the bunel-transit	edical Examiner	Sequentially list conditions, if eny, leeding to immediata ceuse. Enter Underlying Ceuse (Disease or Injury that Initieled events resulting In death) Last	b	Due to (or es a o							1	
ith certific tending p or use es	2		d									
0 0 0	Physician	Part II. Other significant conditions of	ontributing to death	but not resulting in	n the underly	ing cause g	iven In Part I			obacco use co		the cause of death?
v requires been sign should be	Completed by									an autopsy rmed?	avai	e autopsy findings leble prior to plation of causa
iclan: The lew certificate has b	omp								1 🗆 Y	es 2 No		eath?
lan: T	BeC	25. Was case referred to medical examiner?					28. Place	of Death	(Check only o			100 200 110
5 00 0	To	1 Yes 2 46	Hospital: 1 Inpat		tpatient 3	AUG		rsing Hon	me 5 Resid	lence 6 Oth	ar (Specity)	
g ey	Certification:	27. Manner of Death 1 Neturel 5 Pending 2 Accident Investigatio		jury 28b. 1 le <i>y Year)</i> li	Time of njury M	28c. Inju Wo 1	iryat ork? ]Yes 2 □ l		28d. Describe h	now injury occur	red	
a star An	Certifi	3 ☐ Suicide 6 ☐ Could not be determined	200. Place of II	njury - At home, fe atc. <i>(Specify)</i>	rm, street, fa	ictory, office	6	2	28f. Location (S City or Tow	Street and Numb m, Stata)	er or Rural	Route Number,
	edical	29a. Certifier (Check only one)	ysician: To the besi niner: On the basis and manner s	of examination end	, deeth occu d/or Investige	rred et the ti etion, in my	ime, date an opinion, deal	d place, e th occurre	end due to the d ed at the time, d	cause(s) and me date and place,	enner es ste end due to t	ted. the ceuse(s)
To the H within 24 To the F complete	M	29b. Signature and title of cartifiar	1 1 1	0		29c. Lican	sa number			29d. Data signe		
		1 Cler	A V	Ille 1	MWD	D4	161	4		Down	lov 25	5,1976
10		30. Name and address of person who	c mus	4000	10	a C	out u	Rd	Ra	it, u	us :	21508
Sta Registr		31. Date filed (Month, Day, Year) DEC 2 7 1996	32. Regie	trar's Signature	lass							

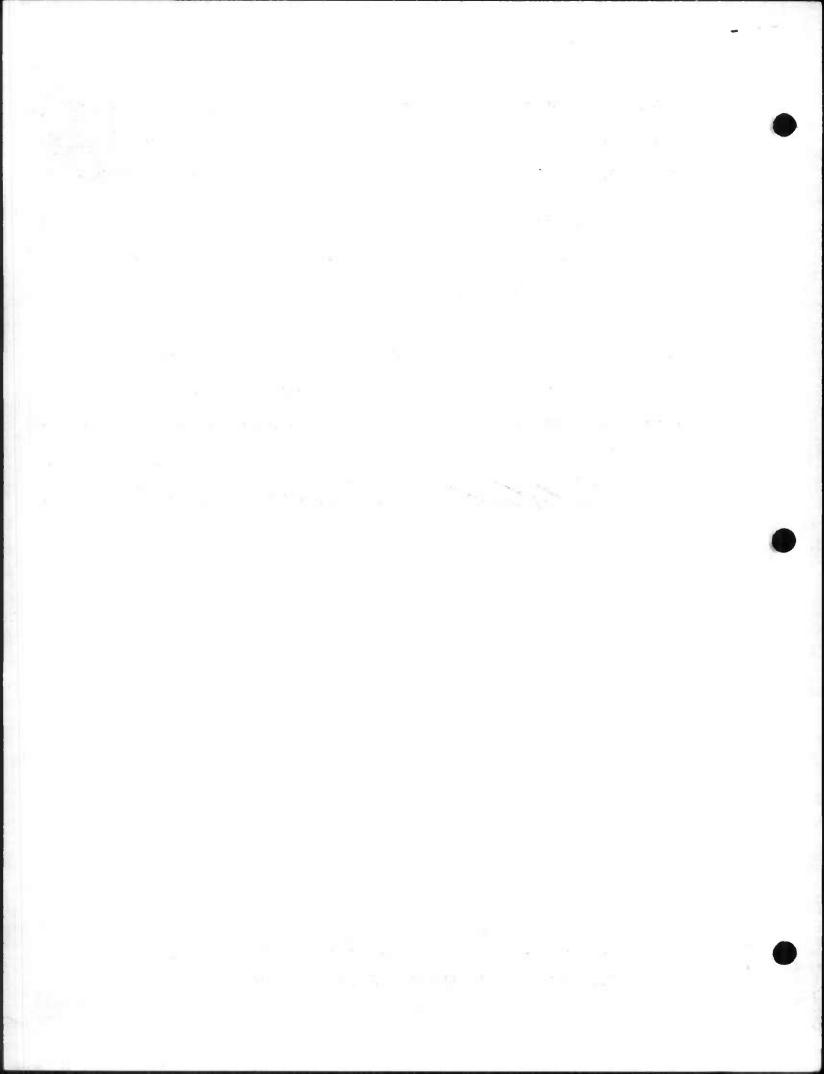


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39282

							Cert	ilicale (	)I L	Jeain	_		Reg. No.		
	Physic	ian	Decedent's Neme (First, Midd JACKSON  K	tle, Last) CENNETH		RTI	NGER					2. Date of D Month	Day	Year	3. Time of Death
Y	/Medi		4a. Facility Neme (If not institution		numberl	1(11	TODI		A	h City To	an orl	December of Dea		1996	4.05 PM
A	Exami	ner	the little of the second		rambery									111 (1971)	
	Francis		Stella Maris 5. Sociel Security Number	HOSPICE 6. Sex	7. Age (In	yrs. last birtl	hdav)	If Under 1 Ye	ear	Balt If Under:		B. Date of Bi		ltimo	
П	Funeral Director		225-05-0925	1 M 2□ F				Months Da	ays	Hours	Min.	(Month, D	ey, Year) 26, 1915	Mary	elece <i>(Stete or Foreign</i> etry) land
	P .		Usual Residence of Decedent			00									
	anyla:	-	10a. State 10b. Count		100	. City, Town	or Loca	ition						1	Od. Inside City Limits
	No M	Director	riar j rana	ford		Fa1	.lst		ke l						1 ☐ Yes 2 ☐ No
	with		10a. Street and Number					10f. Zip Coo					10g. Citizen of		itry?
	ter death with the Marylan Herna 23a or 28a-f show the must be notified at	Funeral	1905 Spring			in IJS	13 W	210		spanic Orig	alo? (So	ecify Ves or N	U.S.	A . ce - Americ	an Indian
	the d	E	1 Never Married 2 Ma	Armed	ecedent Ever Forces?	0,0.				n, Mexican	, Puerto	ecify Yes or N Rican, etc.)	Ble	ck, White,	etc.
020	al', or	by	3 ☐ Widowed 4 ☐ Divorce	d If Yes,	s 2 □ No Give r Dates: ₩	J II	10	Yes 2 TX	No	Specify:			Specif	y: Wh	ite
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Baltimore,	00-		1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (3					tory or other		•		10.07			
Ē	- 독등를		21. Signature of Funeral Service	· · · · · · · · · · · · · · · · · · ·		Jieen .		nt Cre					Baltimo:		aryland
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	11		23a. Pert1. Enter the disease, or shock, or heert failure. Lia	r complications the	et caused the	death. Do no	ot enter	the mode of	dying	, such as	cardiac	or respiratory	AIF, Ma	aryıa	nd 21014 Approximete
	Physician		snock, or neer failure. Lis	conty one cause of	n each line.										Intervei Between Onset and Death
	/Medical		Immediete Cause (Final disease or condition	ll	RAZZI	0140	,							10	daus
R	Examiner	l.	resulting In death)	a	Due	to (or as a co	onseque	ence of):	_	0 5					9
	pe iii	ine		. Con	enar	y a	rle	24	Q	6000	ise	3			years
	certificate be executed iding physician and ise as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0	n Due	or as a co	onseque	(00 of):	0.00		7	./		10	7
9	be e Sician buria		cause. Enter Underlying Cause (Disease or injury that initiated events	ere	wo	vasi	see	Va1	a	cel	des	it			years.
68760,	ficate physical se the	n/Medical	resulting In death) Last	D-	Duet	o (or as a co	nseque	nce of):	11					10	
XO	ndi ndi	N/		d. Ta	Ren	son	1	Nec	2s	edi	e			1	reary.
m	v requires that the death been signed by the atte should be detached for	Physicia	Part II. Other significant conditi	ons contributing to	death buf not	resulting in	the und	eriving cause	a dive	n in Part I		23b. Did	tobacco use co	ntributs to	the cause of death?
P.O.	at the by th stack	hy											Yes 2 KNo	3 Prot	
	igned be de	by													
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Viita	Physician: The I this certificate har ral director, page	Be	25. Was case referred to medical examiner?	Hospitel:					Otho		of Deat	h (Check only			
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5	After After	tlon	1 Statural 5 Pendi		onth, Dey Yea	r) 28b. Ti	jury	28c. I		? ′es 2 □ N		200. Describe	how injury occur	reu	
Division	al or Attending s after death. I Director: After id in by the fune	fica	3 Suicide 6 Could	not be	ce of Injury - /	At home, farr	m, stree					28f. Location	(Street and Numl	ber or Rura	I Route Number,
5	는 및 # Q	Certification:	4 Homicide	bul	iding, etc. (Sp	ecify)						City or To	wn, Stete)		
	hours marra y filled		29e. Certifier Certifyin	ng Phyaician: To t	he best of my	knowledge,	death o	ccurred af th	e fim	e, dete and	piace,	and due to the	cause(s) and m	enner as st	ated.
	1545	edical	one)	Examinar: On the end ma	anner stated.	nination and	or inves	stigation, in n	пу ор	inion, deat	n occurr	ed at the time	, dete and place,	and due to	the cause(s)
	Vidhin Zomple	Σ	29b. Signature and title of certific	er 🔾		0.0		29c. Lic	ense	number			29d. Date signe		
	TI		renaa	le 12	Lau	Me	u		2	56	1-3		12/20	191	0
	141		30. Name and address of person		use of death (				ח	TOTA	ISONI	, MD 3	21204		
		10	DR . KENDALL FA					TOPI N	• 11	, 101	I OUN	, 1111 2	11201		
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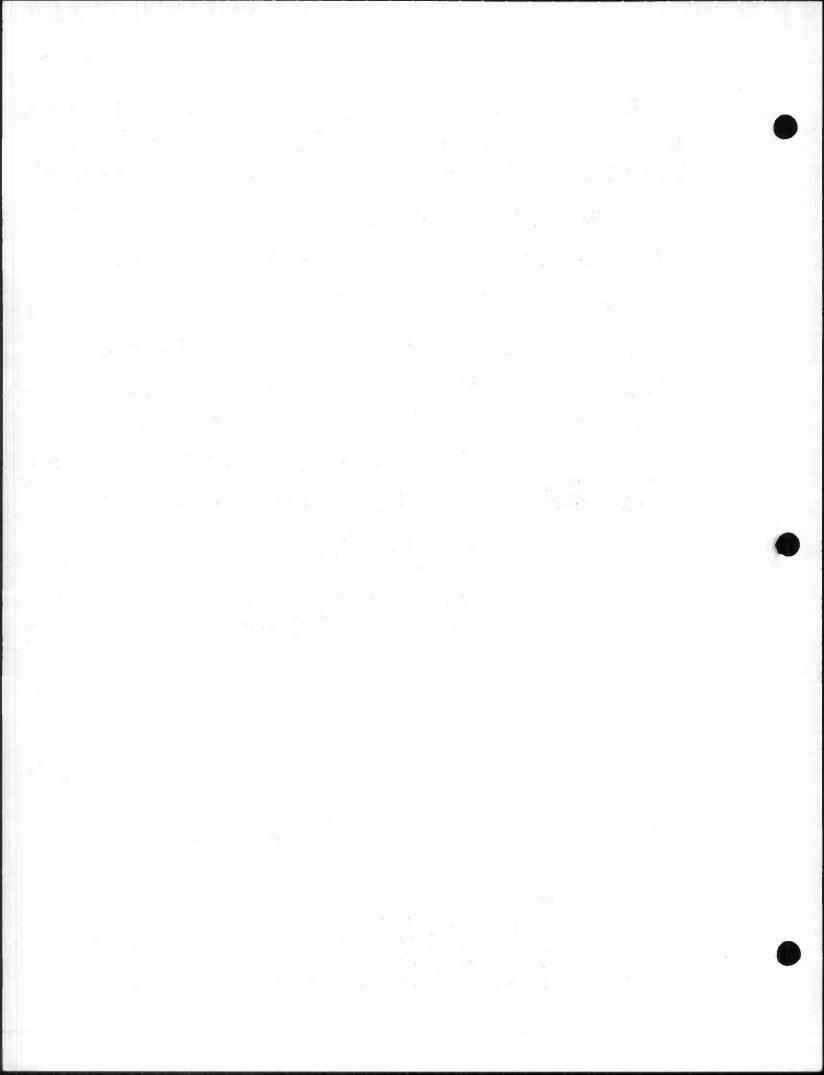


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** elen /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath Examiner ARR ANDR Sacurity Number If Under 1 Yaar 6. Sex last birthday) **Funeral** 1□ M 2 F 9-202 Months Days Yrs. Director death with the Maryland 10a. State 10b. County 10d. Insida City Limits 10c. City, Town or Location 28a-f show traumatic event, the Medical Examiner must be notified at 12 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ő Herns 23a HUE. d Funeral NWOO . Was Decadent Ever in U.S. Armed Forces? 1 Yes 2 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Biack, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after 2 Married 1 Never Married permit. Pages 1 and 2 should be filed within 72 hours afte Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural," or I any Injury or other traumatic event, in Mandral Erams any Injury or other traumatic event, in Mandral Erams any once. 1□ Yes 2 No Baltimore, Maryland 21215-0020 Specify by 3 Widowed 4 Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO<sub>1</sub>NOT use gatingd) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) 10 HPNR 19a. Informant's Name/Relationship (Type, Print) Mailing Addrass (Street end Number or Rural Route Number, 20b. Place of Disposition (Nema of Marchaelery, cremetory or other Wilson INWECO TORIA 20a. Method of Disposition Date 3 Removal from Stafe 1 ☐ Burlal 2 ☐ Cremation 4 Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service art I. Enter the disease, or complications that caused the death. Do not antar hock, or heart failure. List only one cause on each line. Approximate Intervat Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition rasulting in death) **Examiner** Physician/Medicai Examiner The law requires that the death certificate be executed attending physician and for use as the bunal-tran Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last P.O. Box 68760, been signed by the a should be detached t Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 40 Unknown 1 ☐ Yes 2 ☐ No Records, þ 24b. Wara autopsy findings available prior to completion of cause of daath? Be Completed 24a. Was an autopsy performed? cate has t 1 Yes 2 1 No 20 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Was case referred to medical axaminar? 26. Placa of Daath (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No edicai Certification: To 1 Inpatient 2 ER/Outpatiant 3 DOA this Director: After thi 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred 1 Natural 5 Pending Investigation 1 Yas 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicida Funeral 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and placa, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 24 29b. Signatura and title of certifie Licansa number 29d. Data signad (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year)
DEC 2 7 1996

32. Registrar's Signatura

30. Name and addrass of person



State of Maryland / Department of Health and Mental Hygiene 96 39284

						Certificate	e of	Death		Reg. No.		32604
	Dhusia		1. Decedent'a Name (First, Middla, Las	st)					2. Dete of D Month	eeth Day	Yeer	3. Time of Deeth
	Physic /Medi		MARGARET Patti	RICHARDSO	V				DECEMI	3ER 26, 19	196	12:10 AL
	Exami		4e. Fecility Nama (If not institution, give					4b. City, Town, o	or Location of Dee	th 4c. County	of Death	
1			Mercy- Stella Ma					Baltim	ore	n/a		
	Funeral Director		5. Social Security Number  215-01-9801  Usuel Residence of Decedent	ex 7. Age (In yr. 102		rday) If Under Months	1 Year Deys	If Under 24 H Hours M	rs. 8. Dete of B	rth ay, Year) 1894	Coun	oleca (State or Foreign ontry)
	ylend wow		10e. Stete 10b. County	10c. C	City, Town	or Location					1	Od. Inside City Limits
	Mar	tor	MD n/a	E	Balti	more						1 Yes 2 □ No
	h with the 23e or 28e	Funeral Director	10e. Street end Number 3715 E. Lomba:	rd Street		10f. Zip	Code	1	-	10g. Citizen of V	Vhat Coun	ntry?
020	within 72 hours efter death with the Maryland one, than "natural", or items 23s or 28s-f show he Medical Examiner must be inclined at	þ	11. Marital Status  1 Nevar Married 2 Married  3 XWidowed 4 Divorced	12. Wes Decedant Evar in Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaer or Detes;	U,S.	13. Wes Deced if Yes, spec 1 \(\superscript{\text{Yes}}\) 2		ispanic Origin? en, Maxican, Pud Specify:	(Specify Yas or N arto Rican, etc.)		e - Amaric ck, White, Wh	
5-0	n 72 ho natur	ted	15. Decedent's Ed (Specify only highest grad	lucation	16a. l	Decedent's Usue (Give kind of wor	i Occup	ation	nrkina.	16b. Kind of Bu	usiness/Inc	dustry
21215-0020		Completed	Elementery/Secondary (0-12)	Coilege (1-4or 5+)		Salesp	e ratired	1)	rorking	Hecht-	Мау	Co.
b	be filed tal Hygid d other	Be C	17. Fether's Nema (First, Middle, Last)			-	T	18. Mother's N	eme (First, Middle	, Meiden Sumem	e)	
la	Uld b Vente	ToE	Joseph Patti					Antoni	na Pal	misano		
Maryland	2 should be filed and Mental Hygi la marked other aumatic event, I	ľ	19e. Informent's Neme/Relationship (7	Type, Print) sister	19b.	Malling Address	(Street	end Number or	Rural Route Numi	per, City or Town,	State, Zip	Code)
	1 and 1 Health em 27 I		Sr. Mary Patti		37	15 E.	Lon	bard S	Street	Baltimo	re,	Md. 2122
Baltimore,	permit. Pages 1 and Department of Health Important: If fem 27 any Injury or other to once.		20e. Method of Disposition  1 □ Burial 2 □ Cremetion 3 □  4 □ Donetion 5 □ Other (Specify	Removel from Stete	Plece of I	Disposition (Nem , crametory or of hedral (	ne of ther pied	ce)	Dete	20c. Location -	City or To	
Ball	Depart Depart Import any Inj		21. Signature of Funerel Servica Licen	Banner D					seph N. St. Balti			Suneral Hm. 224
	Physician		23a. Pert1. Enter the diseasa, or condeshock, or heart feilure. List only	licetions thet caused the decone ceuse on each line.	eth. Do no	ot enter the mode	e of dyln	g, such as card	iec or respiretory	errest,		Approximeta Interval Between Onsat and Death
4	/Medical		Immediate Cause (Final disaasa or condition	CONGES	TIVE	HEN	W	FAIC	URE			vears
ш	Examiner		resulting in deeth)	e. Due to	(or es e ce	onsequence of):						
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30,	ficate be executed physician and se the buriel-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events	Due to	(or es a co	onsequenca of):						
x 68760,	leeth certificate t attending physic of for use es tha b	/Medical	that initiated events resulting in deeth) Lest	Due to	or as e co	ensequence of):			11			
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of Vital Records,	The law requires that the death certificate be executed tate has been signed by the attending physician and page 2 should be deteched for use as the burial-transit	Completed by	pulmorary	Fibrosis					24e. Wes	s en autopsy ormad?	COL	ere autopsy findings alieble prior to mpletion of causa death?
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Division	tal or Attend rs after deeth al Director: /	Certification:	3 Sulcide 6 Could not be determined	28e. Piece of Injury - At building, etc. (Spec	home, ferr	m, street, fectory,	office			(Street and Numb wn, Stete)	er or Rura	al Route Number,
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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey DOROTHY EDITH RICKER DECEMBER 241896 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death RANDALISTOWN BACTIMORE NORTHWEST HOSPITAL CENTER If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociei Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) 1 □ M 2 F 18 213-20-1693 Maryland Usuei Residence of Decedent 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Yes 2 No Baltimore MD PARKVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3025 MORELAND AVE 21234 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried Specify: White 1 ☐ Yes 2 📉 No 3 Widowed 4 ☐ Divorced Yeer or Detes: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bueiness/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Home HOUSEWIFE 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) WILTON ROBINSON Gertrude UNKHOWH 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) LEONA E. RICKER Sister in Law 3025 MORELAND AVE BALTO. MD. 21234 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition Dec 28 20c. Location - City or Town, Stete 1 ■ Buriei 2 □ Cremetion 3 □ Removei from Stete Immanuel LUTHERN Cem 4 ☐ Donetion 5 ☐ Other (Specify) Belto Mo 1996 21. Signeture of Funerel Service Licensee 22. Neme end Address of Facility 23a. Perti. Inter the disease, or compt stions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interview. List only on scause on each line. RESPIRATORY FAILURE Immediate Cause (Final disease or condition resulting in death) Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): resulting in death) Last Part II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? ASCVD, CVA, HBP, CAD 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 20 No 1 Yes 28 No 28. Plece of Deeth (Check only one) Hospitel: 1 Dapatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No

Division of Vital Records, P.O. Box 68760,

attending physician and for use es the burial-transit The law requires that the death certificate be executed 100 signed by the should I page 2 s certificate or Attending Physician: director, this funeral After 1 n 24 hours after death.

• Funeral Director: Aft
bletely filled in by the fur Hospital

**Physician** 

/Medical

Examiner

Director

Funeral

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Completed

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Physician/Medical Examiner

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Certification:

Medical

**Funeral** 

**Director** 

filed within 72 hours after death with the Maryland Hyglene.

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

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permit. Peges 1 and 2 should be file Department of Health and Mental Ity Important: If Item 27 is marked oth any linjury or other traumatic evant 2008.

Physician

/Medical

**Examiner** 

altimore,

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth 1-PNaturel 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 3 ☐ Suicide Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one)

29b. Signeture and title of certifier

CEC 27 1996

29c. License number 1)77333

29d. Dete signed (Month, Day, Year) DECEMBER 24, 1986

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

C - NAVI MD, NAC, (SACTO, MD 21133

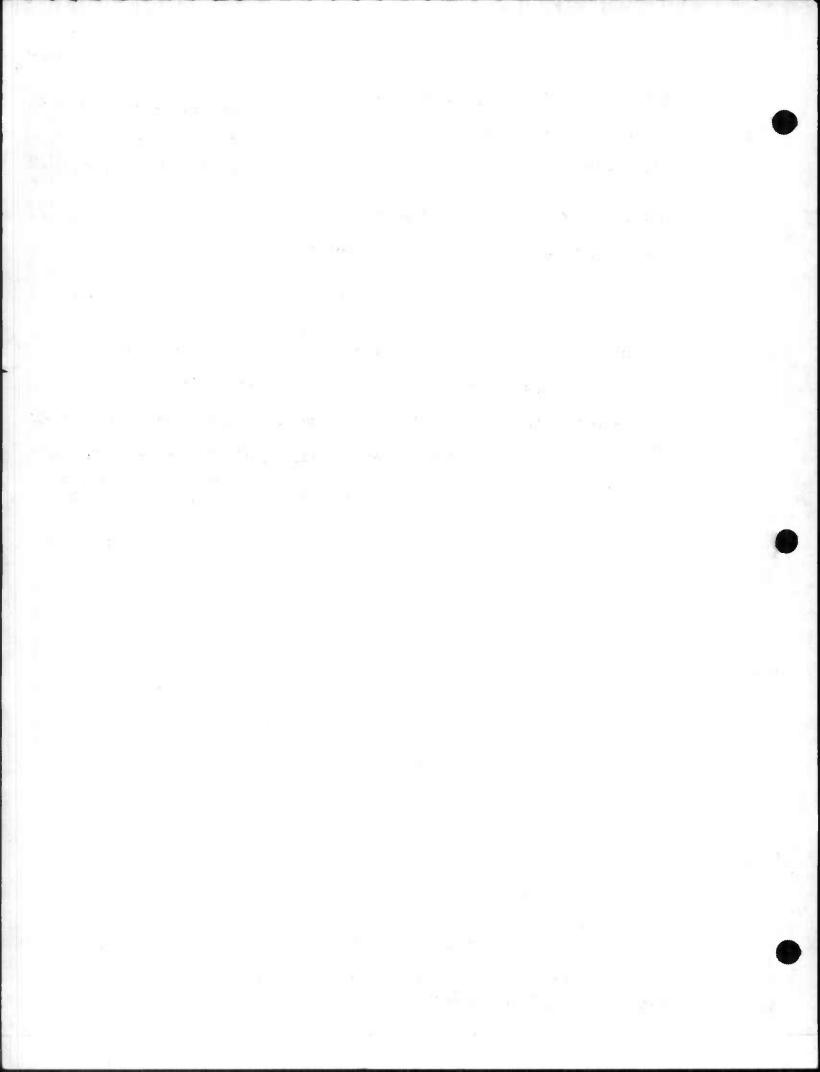
State Registrar

32. Registrar's Signeture 31. Date filed (Month, Day, Year)

Within 2

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Exam	iner	40. Facility Nama (If not institution, s Harbor Hosp					4b. City, To		cation of Deet	h 4c. County		
Funera Directo		5. Sociel Security Number 217 40 9050  Usuel Residence of Decedent	Sex 7. A 1 M 2 □ F	ge (In yrs. last b 54		Under 1 Yaar onths Days		Min.	8. Dete of Bir (Month, De May 29	th Yeer 42	9. Birthpi Coun Mar	lece (Stete or Foreign try) yland
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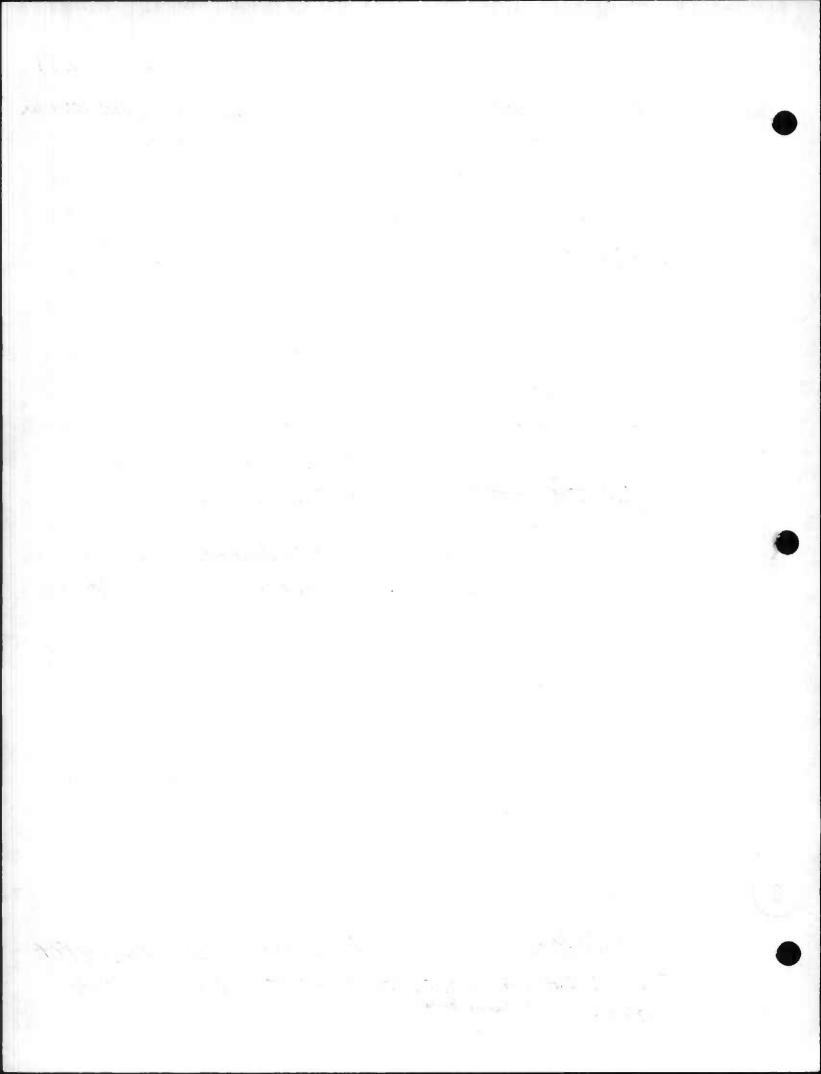
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DHMH 16 Rev 6/95

Registrar

DEC 27 1996



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** December 24, 1996 6:20 am Eleanor Roberts /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fairhaven Health Care Center Sykesville
| If Under 24 Hrs. | 8. Dete of Birth | Hours | Min. | (Month, Day, Year) Carroll If Under 1 Yeer Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1**X**M 2□ F Montha Days Yrs. Director 215 24 0954 Jan. 22, 1911 Md. Usual Residence of Decedent 10s. State 10b. County 10c. City, Town or Location 10d. Inside City I imits Md. 1 ☐ Yes No Carroll Sykesville. Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be r Funeral 7200 Third Ave. 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Meritel Status 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify White py 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent'a Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grads completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Baltimore City School Teacher Schools 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surneme) permit. Pages 1 and 2 should be Department of Health and Mental Important: If flem 27 is marked or Walter Charles Roberts Manie C. Dixon la m 19b. Mailing Addreas (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Barbara A. Friedel 208 Warren Rd. Cockysville, Md. 21030 20a, Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremation 12/28/96 Hampstead, Md. 21. Signeture of Funeral Service Licensee 22. Neme and Address of Facility Haight Funeral Home P.O.Box 195 Sykesville, Md. 21784 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heer triilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Cerebil Viscolor Accident immediata Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Sequentielly list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest certificate be execu Physician/Medical Due to (or es e consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Artery Division of Vital Records, 24b. Ware autopay findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yea 2 4No 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical Be 26. Place of Death (Check only ona) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred i after death.

Director: After to din by the funera 1 ANatural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 24 hours a Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the causa(s) and manner as attacd.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29a, Cartifier Medical To the within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 032881 1 Roll J. Mon, un 30. Name and address of person who completed cause of death (Item 23a) (Typa, Print) Business Center On Reisterstown, Mil 10055 31. Date filed (Month, Day, Year) 32. Registrar's Signature

- a wavidson-Randelle

DHMH 16 Rev 6/95

Registrar

DEC 27 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39289 Certificate of Death December 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death RHOADES F. 01:16 pm 96 (If not institution, give street and number) Town, or Location of Deeth 4c. County of Death Anne Arundel County If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthpleca (State or Foreign Country) 1□M 2 F Md. Oct. 30, 1922 Usual Residence of Decedent 10h Counts 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 No Anne Arundel Pasadena 10f. Zip Code 10g. Citizen of What Country? 8387 Oak Drive 21122 U.S.A. Race - American Indian, Bleck, White, etc. 12. Wes Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Yes 2 No If Yes, Give Yeer or Dates: 1 □ Navar Married 2 □ Merried 1 ☐ Yes 2 Mo Specify: Specify: 3. Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada completed) Elementery/Secondery (0-12) College (1-4or 5+) 0 Homemaker Home 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fether's Nema (First Middle Last) Amos Carrie Hamlim 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Stanley Ashe / 8387 Oak Drive Pasadena, Md. 21122 20b. Plece of Disposition (Neme of cematary, crematory or other place) 20c. Location - City or Town, State 1ÆBurial 2 ☐ Cremetion 3 ☐ Ramoval from Stata Md. V.A. Ceme. Crowns. 12/24/96 4 ☐ Donetion 5 ☐ Other (Specify) Crownsville, Md. 22. Nema and Addrass of Facility
MCCully Funeral Home of Pasadena 21. Signature of Funerel Sarvice Licensee the 3204 Mountain Road Pasadena, Md. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximete Interval Between Onsat and Death Due to (or es a consequenca of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequance of): Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 No 26. Piaca of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Anpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred

**Physician** /Medical Examiner The law requires that the death certificate be executed P.O. Box 68760,

Examiner

Physician/Medical

py

Completed

Be

2

Certification:

Medical

29e. Certifier

(Check only one)

Important: It any injury o once.

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

x 28a-f show

"natural", or itame 23a or buscal Examples r

permit. Pages 1 and 2 should be filed within 72 hours after death > Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or items 23 any injury or other traumatic avant, in a bodies in any injury or other traumatic avant, in a bodies in a man

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

Be

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with the Maryland

DR

5. Sociel Security Number

216-16-9596

Md

10e. Street and Number

12

James

20e. Method of Disposition

Immediate Cause (Finel diseese or condition resulting in deeth)

11. Marital Status

10e State

physician and s the burial-transit attending p signed by the all d be deteched for page 2 s certificata epital or Attending Physician: Purs effer death. neral Director: After this certifice funeral

Division of Vital Records,

25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth

5 Pending investigation 1 Neturel 2 Accident 3 Sulcide 6 Could not be 4 Homicide

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 🔣 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted. 2 Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and menner steted.

29b. Signeture end titla of certifier

30, Name and address of person who comp cause of death (Item 23a) (Type, Print)

Sefrogistrary Spanish De

29c. Licanse number

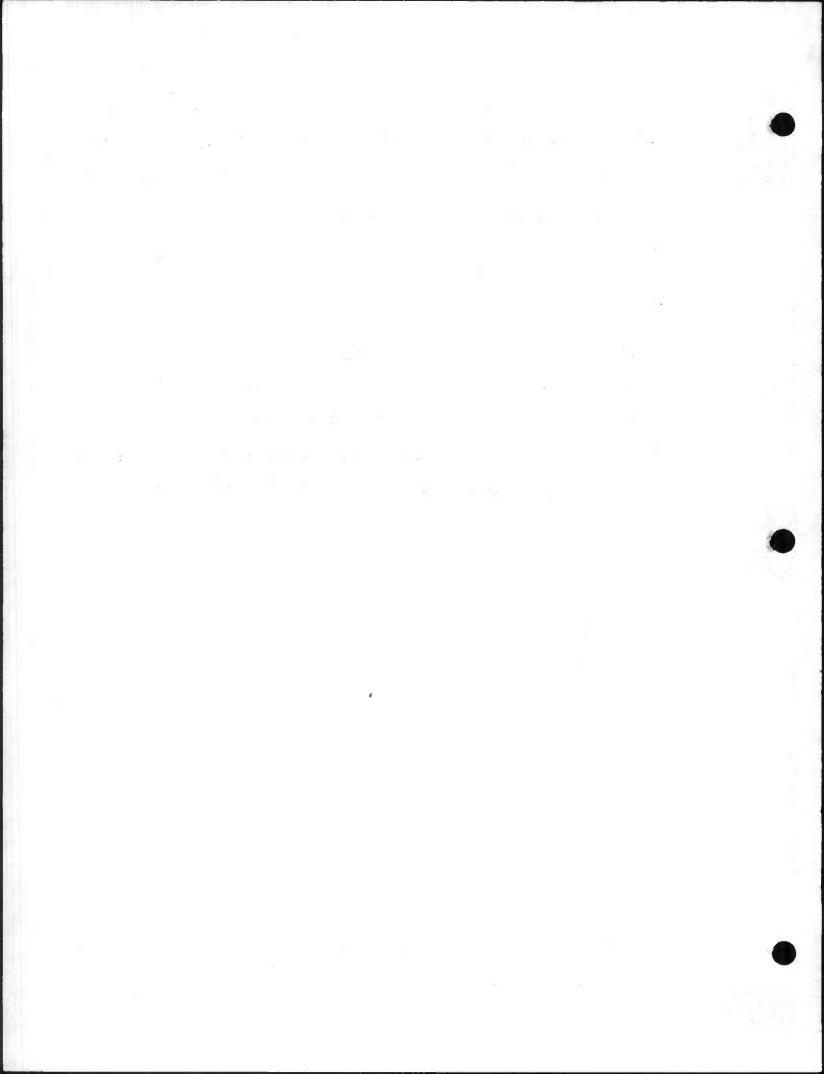
29d. Dete signed (Month, Day, Year) 21,

huhammaa 31. Dete filed (Month, Day, Year)

DEC 27 1996

State Registrar

hours



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

Physiclan					Cei	rtificate o	f Death		Reg. No.		
		1. Decedent's Name (First, Middle, La	Back				10	2. Date of Dea	ath Day	Year	3. Time of Death
/Medical	1	Sophia E	noch		<u> </u>				ber 21		3pm
Examiner	r í	4a. Facility Name (If not institution, giv	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	•				r Location of Death			
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*-		Usual Residenca of Decedent  10a. State 10b. County		10c. City	y, Town or Lo	ocation				10	Od. Inside City Limi
teho or	5	Maryland Howard			Colum	hio					1□ Yes ŽĎN
be notified	3	10e. Street and Number			COTOIII	101. Zip Code	9		10g. Citizen of	What Count	m?
s 23a or		7512 Foreland Gar					1040		USA		
"natural", or items 23a or 28a-f show soical Examiner must be notified at letted by Funeral Director	2	11. Marital Status  1 □ Never Married 2 □ Married  313 Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1  Yes 2 If Yes, Give Yeer or Dates:	? No		Was Decedent of Yes, specify Co	of Hispanlc Orlgin? ( uben, Mexican, Pue do <i>Specify</i> :	Specify Yes or No- rto Rican, etc.)	14. Rac Bla	ce - America ck, White, e y: Wh	
natu presented		15. Decedent's Ed (Specify only highest gre	fucation de completed)		16e. Deced	dent's Usual Occ	cupation ne during most of we	orkina	16b. Kind of B	usiness/Ind	ustry
the M		Elementary/Secondary (0-12)	College (1-4or	5+)		DO NOT use ret OUSEWife	ne during most of we ired)		Homemal	king-(	Own Home
arked other atic avent, I		17. Fether's Name (First, Middle, Last)					18. Mother's Na	ame (First, Middle,	Meiden Sumen	ne)	
marked metic av		Thomas Maher					Eliza	beth Keys	ser		
<u>a</u> § □		19a. Informant's Name/Relationship ( Louis H. Roch	Type, Print)		19b. Meilir 20	ng Address <i>(Stre</i> 9 Marion	et end Number or F	Ru <i>ral Route Numbe</i> Baltimore	r, City or Town	Stete, Zip ( 21236	Code)
ant: If Item 27 I	2	20a. Method of Disposition  1 ☑ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		C	emetery, cren	sition (Name of netory or other p Memoria		Date 12-24-96	20c. Location -		
Important: If It any Injury or one		21. Signature of Funeral Service Licen	see C	2/			reviferal lair Rd.		Md (	21226	
	+	23a. Party. Enter the diseese, or companies shock, or heart feilure. List only	checked /	d the death							Approximete
attending physician and butter use as the butter transit and butter use as the clary medical Examiner		Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	a	Due to (or	r as a conseq	juence of):	iline			2	4 hours
ending physicie r use as the bu		that initiated events resulting in death) Lest	d	Due to (or	as a consequ	uence of):					
ed for	F	Part II. Other significant conditions of	ontributing to death b	out not resu	ilting in the ur	nderlying cause	given in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of deat
igned by the attend be detached for us by Physician/		Sente Dementia	.f Alzhe.	mers	type			101	res 2□No	3 Prob	abiy 4 Unkno
should should	-							24a. Was a perfor	n autopsy med?	con	re autopsy findings lieble prior to apletion of cause eath?
age 2								1 🗆 Y	es 2 No	10	Yes 20 No
rector, pag Be Co		25. Wes case referred to medical					28 Piece of De	eath (Check only or			7,
il director, page		exeminer? 1 ☐ Yes 2 No	Hospital:	ent 2 🗆 I	ER/Outpetien	t 3D DOA	Data - Landard - Control	Home 5 ☐ Resid		er (Specify	)
2 2		7. Manner of Death	28a. Date of Inju	IIV	28b. Time of	28c. In		28d. Describe h			/
d in by the landers of in by the landers		1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined		jury - At ho	Injury me, larm, stre	M 1	☐ Yes 2☐ No	281. Location (S City or Tow		per or Rural	Route Number,
		29a. Certifier (Check only one) 2 Medical Exam	reician: To the best iner: On the basis o	f examinati	vledge, death ion and/or Inv	occurred at the restigation, in my	time, date and place oplnion, death occ	a, and due to the curred at the time, d	euse(s) and ma late end plece,	anner as sta	ited. the cause(s)
		29b. Signature and title of certilier	and menner st	a190.		29c Lice	nse number		9d. Date signe	d (Month D	lev. Year)
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		I Steven Sell	en un			d3	4613	1	December	22, 1	996

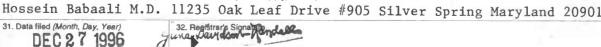
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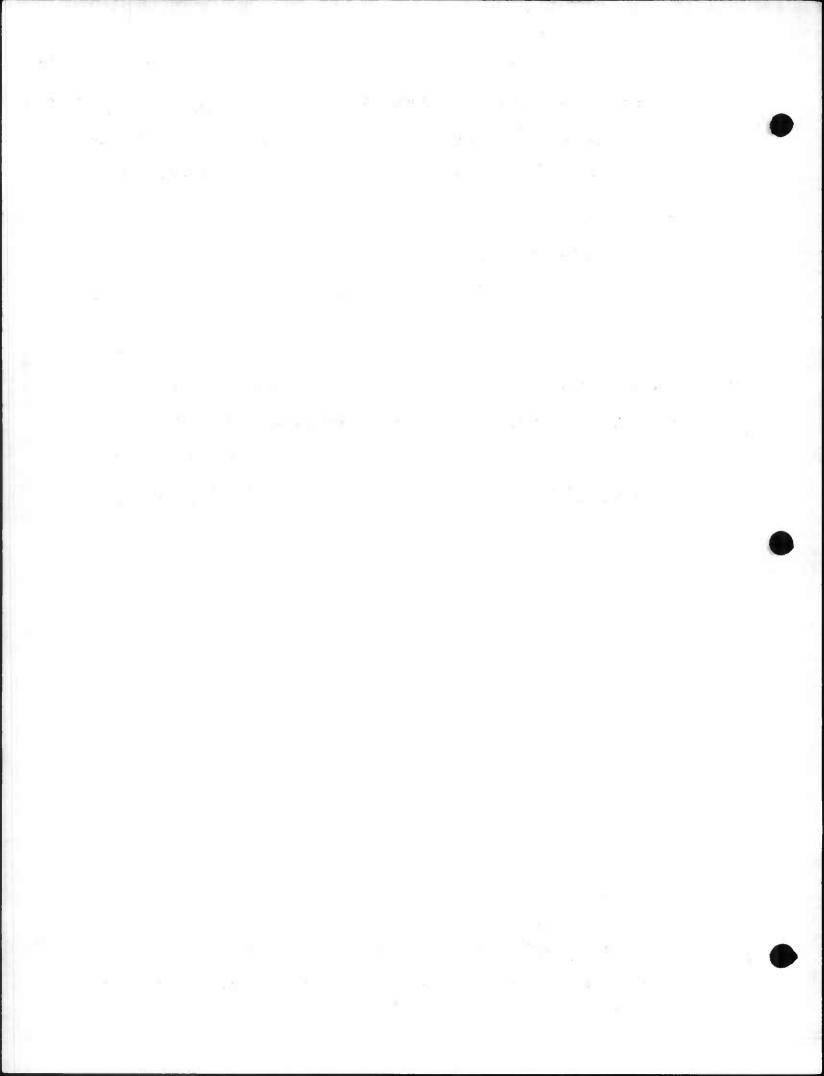
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Year William SCHWANDTNER Walter 11:33 am December 25, 1996 /Medical 4e. Fecility Nema (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 6. Deta of Birth
Markha Davs Hours Min. (Month, Day, Year) 5. Social Sacurity Number Birthpiace (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 10XM 2□ F Yrs. Director 220-14-5063 75 Maryland May 18,1921 Usual Residence of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercises. 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Perry Hall Baltimore 1 Yes 2 No Director Maryland 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21128 4003 Schroeder Avenue U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indisn, Bleck White etc. 1 ☐ Never Merried 2 🔀 Married 1 ☐ Yas 2 XNo Specify: White à Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Educetion (Specify only highast grade completed) 16b. Kind of Business/Industry Eiamantary/Secondery (0-12) Coliaga (1-4or 5+) Construction Local Carpenter 7th grade 17. Fathar's Nama (First, Middla, Last) 16. Mothar's Nema (First, Middle, Maiden Sumama) Elizabeth Beyer Herman Schwandtner 19a. Informant's Name/Raletionship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ruby Schwandtner (wife) 4003 Schroeder Ave., Perry Hall, MD 20b. Place of Disposition (Nama of cemetary, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata Parkwood Cemetery 12/28/96 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses. 22. Nema and Addrass of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset end Deeth **Physician** /Medical 24 hours Immediata Cause (Finel Pneumonia disaasa or condition resulting in death) Examiner Dua to (or as e consequence of): Metastatic Prostate Cancer that the death certificate be executed physician and the burial-trans Sequantially list conditions, if any, laading to Immadiata cause. Entar Underlying Causa (Disaasa or injury that Initiated evants rasulting in daath) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or es e consequançe of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown by 24b. Wara sutopsy findings available prior to completion of cause of death? 24a. Wes en autopsy Completed has 2 No 1 ☐ Yas 2 ☐ No certificate 1 Yas director. 25. Was casa rafarred to medical axaminer? ae 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 2 1 Mnpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 8 27. Manner of Death 1 ZiNatural 28a. Data of Injury (Month, Day Year) Certification: 26b. Time of 28c. Injury at Work? 26d. Dascribe how Injury occurred Affar 5 Panding 1 ☐ Yas 2 ☐ No Invastigation after death Director: 2 Accidant 6 Could not be determined 3 Sulcida 26a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 26f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours a Funeral 12 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the ceusa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29e. Certifian Medical To the 2 within 2 To the I 29b. Signature, and titia of certifiar 29d. Dete signed (Month, Day, Year) December 25, 1996 30. Nama and address of person who complated ceusa of daath (Itam 23a) (Type, Print)

State Registrar

31. Data filed (Month, Day, Year) DEC 27 1996





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Deeth Physician Month 12:25 P.M December 23, 1996 rmeniuk /Medical 4a. Fecility Nema (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Hospital North Arundel 301 Hospital Dr. Glen Burnie Arundel if Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day 5. Social Sacurity Number If Undar 1 Yaar 6. Sex 7. Aga (In yrs. last birthday) Birthpieca (Stata or Foraign Country) **Funeral** 1□M 2NF Days 213 28 4967 65 Yrs Director Maryland Usual Rasidance of Decedant the Maryland 10a State 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 🖾 No Director Maryland Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ò 21061 460 Glendale Avenue U.S. Items 23a Funeral 12. Was Decadant Evar in U,S. Armad Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: Was Decedani of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indien, Black, Whita, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Haeith and Mental Hygiena. Important: If item 27 is marked other than "natural", or item any injury or other traumate. 1 ☐ Never Merried 2 🔀 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 2 No Specify: py 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedant's Education (Specify only highast grada complatad) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Coilega (1-4or 5+) Clerk 10th Harbor Tunnel 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Bertha Schaeffer Thomas Lear 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 460 Glendale Avenue Frederick Semeniuk / husband Glen Burnie, Maryland 21061 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burlel 2 Cramation 3 Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Specify) 12/27/90 Baltimore, Maryland Holy Cross Cemetery 21. Signatura of Funaral Sarvice Licansea 22. Name end Addrass of Facility Gonce Funeral Home P.A. nemeros 4001 Ritchie Highway Baltimore, Md. 21225 23a bart. Entar tha diseasa, or complications that caused the death. Do not entar tha mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Pnysician /Medical Immediata Cause (Final CEREBRO V ASCULAR disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed transi Saquantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that initiated avants rasulting in daath) Last and Dua to (or as a consequence of): attending physician a for use as the burial-P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the aid be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy parformed? page 2 2 No 1 Yas 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral director, 25. Was casa rafarred to medical exeminar? Be 26. Piaca of Death (Check only ona) Hospitai: 1 Inpatient Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatiant 3 DOA 28a. Data of injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. injury et Work? Naturai 5 ☐ Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datarmined 3 ☐ Sulcide 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida To the Hospital within 24 hours a To the Funeral Complataly filled 29a. Cartifian Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signatura end title of certifian 29c. License number 29d. Dete signed (Month, Day, Year) WD Deamber 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) DIETUND. 301 HOSTAL DRIVE. GLEN BURNIE 21061 31. Data filad (Month, Day, Yaar) 32. Ragistrar's Signetura State The Davidson Registrar

DHMH 16 Rev 6/95

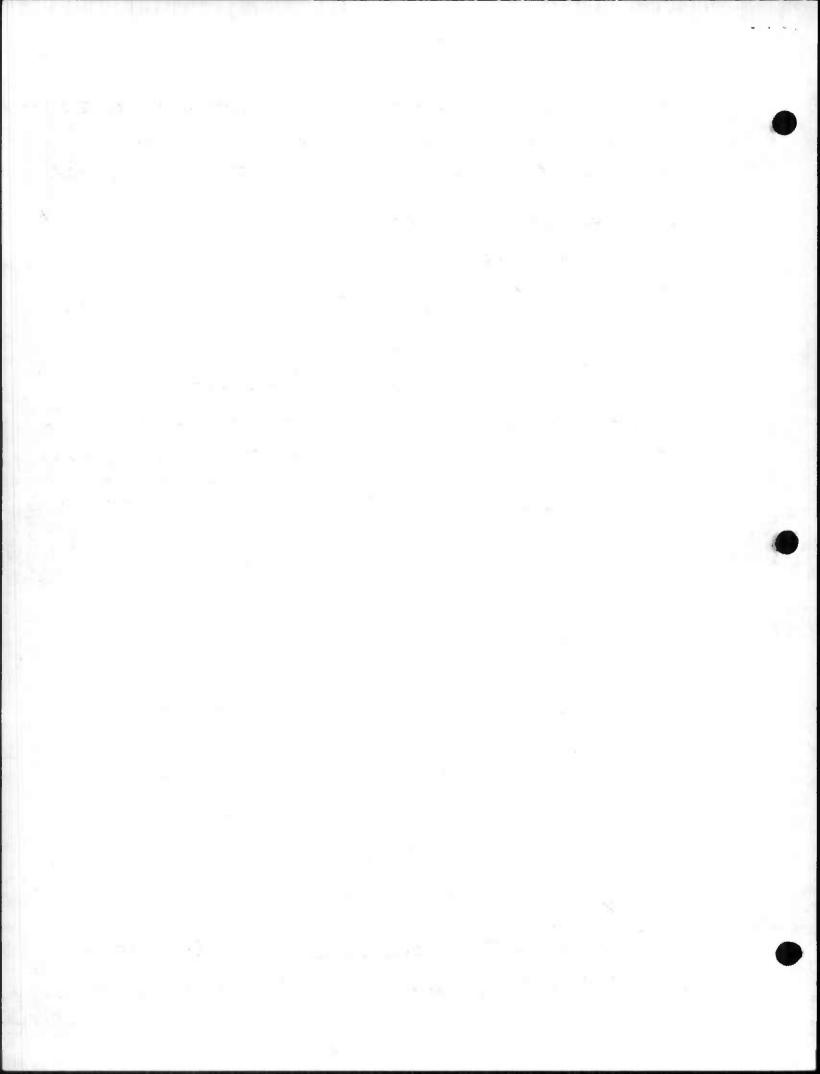
**DEC 27** 

point and the Climes of July 2007 and 100 person by ...

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month **Physician** J20200 DECEMBER AL 1996 UCIN /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** If Under 1 Year If Under 24 Hrs. 8 Da 150 AC MARFORD MABB 5. Social Security Number 6. Sex 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours M 20 F 76 378 12 6996 Yrs. NULY 10, 1920 WESTVIRGINIA Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show 1 ☐ Yes 2 No Director HARFORD MARYLAND WHITEFORC 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? filed within 72 hours after death with 1419 S. 6 CAO 21160 Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. Yes 2 No If Yes, Give Year or Dates: W.W.II Never Married 2☐ Married 21215-0020 1 ☐ Yes 2 No Specify: TIHW 3 ☐ Widowed 4 ☐ Divorced treumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) nd Mental Hygiene. Elementery/Secondary (0-12) P:101 12XRS. U-S. MAVY Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be finent of Health and Mental First: If Item 27 Is marked of TAK LUCIES 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ASS30 19a. Informant's Name/Relationship (Type, Print) 1712 1 KEMOVA, WEST VIRGINIA CHARLOTTE OPLAR STREET other or other 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, crematory or other placa) Date 20c. Location - City or Town, State OEC 230 Burial 2 Cremetion 3 Removal from State permit. Page Department of Important: If any Injury or once. SPRING HILL STELEPY HUNLINGIAN WOSTVIRGINA 4 ☐ Donetlon 5 ☐ Other (Specify) 1904 21. Signal and Company Service City to 22. Name and Address of Fecility CHAPIL - BIL AIR, P.A. EVAN FURRAL CHAPIL - BIL AIR, P.A. 23a. Part1. Enter the disease, or complications than caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. FOREST HILL, MARYLAND Approximete interval Between **Physician** /Medical Immediate Ceuse (Final LORDOARY ARTERY disease or condition resulting in death) Examiner Due to (or as a consequence of): V.D Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Box 68760. Physician/Medical 94 Due to (or as e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuee of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes ZM No 1 ☐ Yes 2 ☐ No of Vital 25. Wes case referred to medical examiner? Certification: To Be 26. Place of Death (Check only one) Other: 4 Nursing Home SS Residence 6 Other (Specify) Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Division Affar 5 Pending Investigation 1 Natural Injury 2 Accident NA after death Director: NA 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) N D 4 Homicide Hospital 24 hours a Funeral D t Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examinar: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner stated. Medical 29a. Certifier Within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) DME 791200 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 3HU M. Dedo BURIR RABHI 15000

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Sciacca Leonard 1996 December 12:20 P.M. /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner 234 Meadow Road Riviera Beach Anne Arundel 5. Sociel Security Number If Under 1 Yaer if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) July 6, 1923 7. Age (In yrs. lest birthdey) Birthplece (Steta or Foreign Country) **Funeral** Months Deys Houre 10XM 2□ F 217 16 8678 73 Yrs. Director Maryland Usuei Residence of Decedent the Maryland show 10b. County 10c. City, Town or Location 10d. inelde City Limits Director Maryland Anne Arundel Riviera Beach 1 Yes 2 No 288-1 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? ঠ 234 Meadow Road 21122 items 23a U.S. death Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - American Indian, Peges 1 and 2 should be filed within 72 hours effer or ent of Health and Mental Hygiene. nnt: If Item 27 Is marked other than "natural", or item 1 ☐ Never Married 2 X Married 1 X Yes 2 □ No If Yes, Give Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: by If Yes, Give Yaar or Detes: W.W. II Specify: White 3 ☐ Widowed 4 ☐ Divorced d other than "natural avent, the Medical E Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9th Security Guard Copper Refining 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be merked Joseph Sciacca Giagomena (unknown) traumetic 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ethel Sciacca 234 Meadow Road wife Riviera Beach, Maryland 21122 flem 2. 20e. Method of Disposition 20b. Plece of Disposition (Name of cematery, cremetory or other plece) 20c. Location - City or Town, Stete 1 XBuriei 2 ☐ Cramation 3 ☐ Removei from State = 6 Department of important: If any Injury or 12/27/96 Crownsville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Md. State Veteran Cem. 21. Signature of Funeral Service Lifensee 22. Nema and Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 1once implications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, my one causa on each line. Approximeta interval Between Onset end Death **Physician** Small all Corcinome of the heurs immediete Cause (Finel diseese or condition resulting in deeth) /Medical Sept- 96 Examiner Due to (or es e consequence ot) or Attending Physician: The law requires that the death certificate be axecuted burial-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as e consequence of) P.O. Box 68760, physician Physician/Medical the Due to (or as a consequence of): SE esn Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 1 Yes 2 No 3 Probably 4 Unknown Records. þ Completed 24e. Was en eutopsy 24b. Were autopsy tindings available prior to complation of causa of death? performed' hes this certificate 1 Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital director 25. Wes cese reterred to medicei axaminer? Be 28. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2□-No funeral 28e. Dete of injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Affer 1 Naturei 5 Pending 1 ☐ Yes 2 ☐ No death. Investigation 2 Accident Director: / 3 Suicida 6 Could not be 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) after 4 Homicide To the Funeral Medical 29a. Certifier 1 Printing Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner statad. 29b. Signetura and title of certifiar 29c. Licanse number 29d. Deta signed (Month, Dey, Year) 12.24.90 30. Neme and eddress of person who completed ceuse of deeth (itam 23a) (Type, Print) Dr. Mirza Nusairee, M.D. 7845 Oakwood Road Suite 200 Glen Burnie, Md. 21061 32. Begistrer's Signature 31. Dete filed (Month, Day, Year) State DEC 27 1996

**DHMH 16 Rav 6/95** 

Registrar

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English

State of Maryland / Department of Health and Mental Hygiene

39295 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth Gold Smith Dey **Physician** Month Mary 10,40AM December 21 1996 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Harbor Hospital Center 5. Social Security Number If Under 1 Year If Under 24 Hrs.

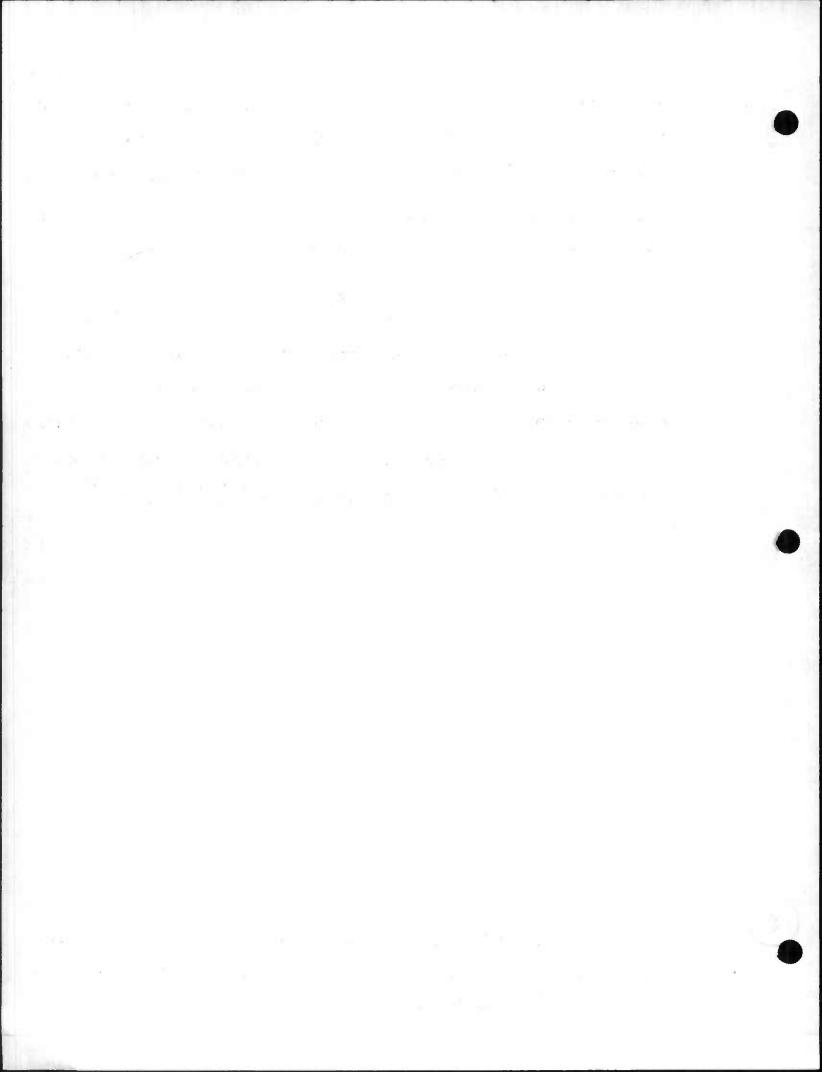
Months Deys Hours Min. 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** Deys 1 M 2 XF 213 28 8617 Yrs. Director 81 Feb. 2, 1915 Maryland Usual Residence of Decedent 10c. City, Town or Location iral, or items 23a or 26a-f show Examiner must be notified at 10b. County 10d. Inside City Limits Maryland Anne Arundel Director 1 ☐ Yes 2 XNo Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 300 W. Arundel Road 21225 U.S. Peges 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
nt: If them 27 Is marked other than "natural", or theme 23. Funeral 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Yes 2 XNo
If Yes, Give
Yeer or Dates: 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Dano Specify: by Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 years Registered Nurse Hopkins Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Phillip Demchuk Mary (unknown) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Charles M. Goldsmith / husband 300 W. Arundel Road Baltimore, Maryland 21225 If item 27 or other t 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 12/23/96 | Baltimore, Maryland 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Gonce Funeral Home P.A. 6. 4001 Ritchie Highway Baltimore, Md. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. **Physician** /Medical Septic Shock Immediate Cause (Final diseese or condition resulting in death) **Examiner** Acute reapiratory
Due to (or es e consequence of): or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Congative He
Due to (or es e consequence of) P.O. Box 68760. Heurt Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Obstructive Records, 24b. Were eutopsy findings evellable prior to completion of ceuse of death? Completed 24a. Wes an autopsy performed? 1 Yes 2/2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes cese referred to medicel exeminer? 28. Plece of Deeth (Check only one) Hospitel: 12 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending Investigation Neturel 2 Accident 1 Yes 2 No Olrector: 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) To the Funeral ( completely filled 16 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and plece, end due to the cause(s) end menner stated. Medical 29a. Certifier To the 29b. Signature end title of cert 29c. License number 29d. Dete signed (Month, Dey, Year) AS 244 1614-46 Quelatiel, MD 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

AMIR QUEFATIEH, MO, 70 3001 S. Hanoverst, Bullimore, MD 21225 31. Dete filed (Month, Day, Year) Paul don - Nonday State

**DHMH 16 Ray 6/95** 

Registrar

DEC 27 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

**Physician** /Medical **Examiner**  1. Decedent's Neme (First Middle Last)

2. Dete of Death

20,1996 DECEMBER

2:04 PM

10d. inside City Limits

NEWTON COLEMAN SIBLEY 4a. Facility Neme (If not institution, give street and number)

N/A

SAINT JOSEPH MEDICAL CENTER

1X0 M 2□ F

4b. City, Town, or Location of Death TOWSON, MARYLAND 4c. County of Deeth BALTIMORE

**Funerai** Director

a or 28a-f show

"natural", or items 23a

Peges 1 and 2 should be filed within 72 hours after inent of Health and Mental hygiene.
mt: filem 27 is marked other than "natural", or health yor other traumatic event, The Medical Experiest my or other traumatic event, The Medical Experiest.

permit. Pege Department of Important: If any injury or

Physician /Medical

Examiner

the burial-trans

use as 20

the

ate has been signed by page 2 should be detec

After this certificate hes

Director: After this in by the funeral

To the Funeral

death.

Attending Physician:

by

Completed

Be

2

Certification:

Medical

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

of Vital

ivision

Funeral

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Completed

Be

the Maryland

with

death

21215-0020

altimore, Maryland

215-18-7381 Usuel Residence of Decedent 10a. State 10b. County

5. Sociei Security Number

10c. City, Town or Location

7. Age (In yrs. last birthday)

84

| If Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. | Hours | Min. | February 26,1912 | Mary Land

Birthpiece (State or Foreign Country)

Maryland

Baltimore

Yrs.

1 Yes 2 No

Director 10e. Street end Number

334 E. Belvedere Ave.

21212

10g. Citizen of Whet Country? United States

1 Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Detes:

 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

 Reca - American Indian, Bleck, White, etc. White

15. Decedent's Education

(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

Manager

10f. Zip Code

16b. Kind of Business/Industry

Hardware

17. Father's Neme (First, Middle, Last) Newton Coleman Sibley

18. Mother's Neme (First, Middle, Meiden Sumeme)

Blanche Lemmon

19a. informent's Neme/Reletionship (Type, Print)

19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 334 E. Belvedere Ave.

Baltimore, MD 21212

20c. Location - City or Town, Stete

Dorothy E. Sibley/wife

20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cometery, crematory or other place) Greenmount Crematory

12/23 Baltimore

21. Signeture of Funeral Service Licenses

22. Name and Address of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, MD

0

Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line.

Approximete interval Betw Onset end Death

Immediate Ceuse (Finei disease or condition resulting in deeth)

a METASTATIC MELANOMA Due to (or es e consequenca of)

1 YEAR

Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest

	Due to (or es e consequenca of)
c	Due to (or es a consequence of):

ce of):

Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco usa contribute to the causa of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown

CONGESTIVE HEART FAILURE

6 Could not be

24e. Wes en eutopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of death?

2 NO

26. Plece of Deeth (Check only one)

1 Yes 2 No

25. Wes case referred to medical 1 Yes 2 No 27. Menner of Deeth

28e. Dete of injury (Month, Dey Year) 5 Pending Investigation

1 inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

29e. Certifier

2 Accident

3 Suicide

4 Homicide

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end mannar as steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) end menner stated.

29b. Signature end title of certifier

29c. License number D 10091

29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

SERPIÇK, ARTHUR A. M.D. 7620 YORK ROAD TOWSON, MARYLAND 21204 31. Dete filed (Month, Day, Year)
DEC 2 7 1996

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedant's Nama (First, Middla, Last)

MITIDRED

MAE

STORETTRO

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Nonth
Day
Year

1. DecCEMBER 23 2. 100 A

Physician /Medical Examiner

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, its Medical Evantment must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Division of Vital Records, P.O. Box 68760, he Hospital or Attending Physicien: The law requires that the death certificate be executed from 24 hours after death.

The Funeral Director: After this certificate has been signed by the ettending physician and maletely filled in by the funeral director, page 2 should be detached for use as the buniel-transit

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sician/Medical Examiner	Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying	b	Dua to (or	ras a consequ	ance ot)	):					8-		
VMedical	Cause (Disaasa or Injury that initiated evants resulting In death) Last	c	Dua to (or	as a consequ	anca of)	:							
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10000	29a. Certifiar 1X Certifying Pl (Check only one) 2 Medical Exa	hysician: To the bes miner: On the basis and mannar	of axaminati	viedga, daath ion and/or thva	occurred astigation	at tha tim	a, data and Inion, daat	place, a	and dua to tha cand at the time, d	ause(s) and nate and place	nannar a , and du	s stated. a to tha causa(s)	
	29b. Signatura and titla of cartitiar	PmJ	hte n	0.0	29	D 41	numbar			9d. Data sign		th, Day, Year)	

7620 YORK ROAD

TOWSON, MARYLAND 21204

State Registrar JOGINDER P

MEHTA

M.D.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1/21/97 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) RANDY L. FITCH 2. Dete of Death 3. Time of Death Day **Physician** Month Year December 910/m 24 96 /Medicai 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MARINE NURSING HOME BALTO N/A If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 9. Birthplaca (State or Foreign Country) MD 7. Age (In yrs. lest birthdey) **Funeral** Days 1 MM 2 F 212-81-5595 Yrs. 30 Director 1966 may 28 Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show MD must be notified N/A Director 17 Yes 2 No BALTO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a 239 S. MASON CT 21231 U.S.A. Herna 2 12. Was Decadant Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates: 14. Race - American Indian, Black, White, atc. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) filed within 72 hours after Never Married 2 ☐ Married ò 1 ☐ Yes X No Specify: Specify: BLACK b 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiana. Elementary/Secondery (0-12) College (1-4or 5+) UNEMPLOYED N/A 10th N/A 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) . Pagas 1 and 2 should be fill mant of Health and Mental Hant: If Itam 27 is marked off lury or other traumatic even GLADY STOKES JOHN FITCH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) MASON ST BALTO, MD GLADYS STOKES 239 S. MS 21231 20a. Method of Disposition 20b. Place of Disposition (Name of cematery, cremetory or other place) DEC 31 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State BALTO. CEM 4 ☐ Donation 5 ☐ Other (Specify) BALTO, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23a. Fert 1. Enter the disease, or complications thet caused the death. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Onsat and Death Physician Immediate Cause (Finel A105 Syndrome Terminal disaase or condition resulting in deeth) Examiner Due to (or as e consequence of) Examiner 2 TV achex.a The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequenca of): physician s the buna Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown be dat à

Completed Be Medical Certification: To

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Ather

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

vision of Vital Physician:

24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 2 No 1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Yes 2 No 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

25. Was case referred to medical

5 Pending investigation

6 Could not be determined

1 Yes 2 No

27. Manner of Death

1 Naturai

2 Accident

3 Suicida

4 Homicide

29c. License number

29d. Date signed (Month, Dey, Year)

md

Min-D

Kidune, mb

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Back

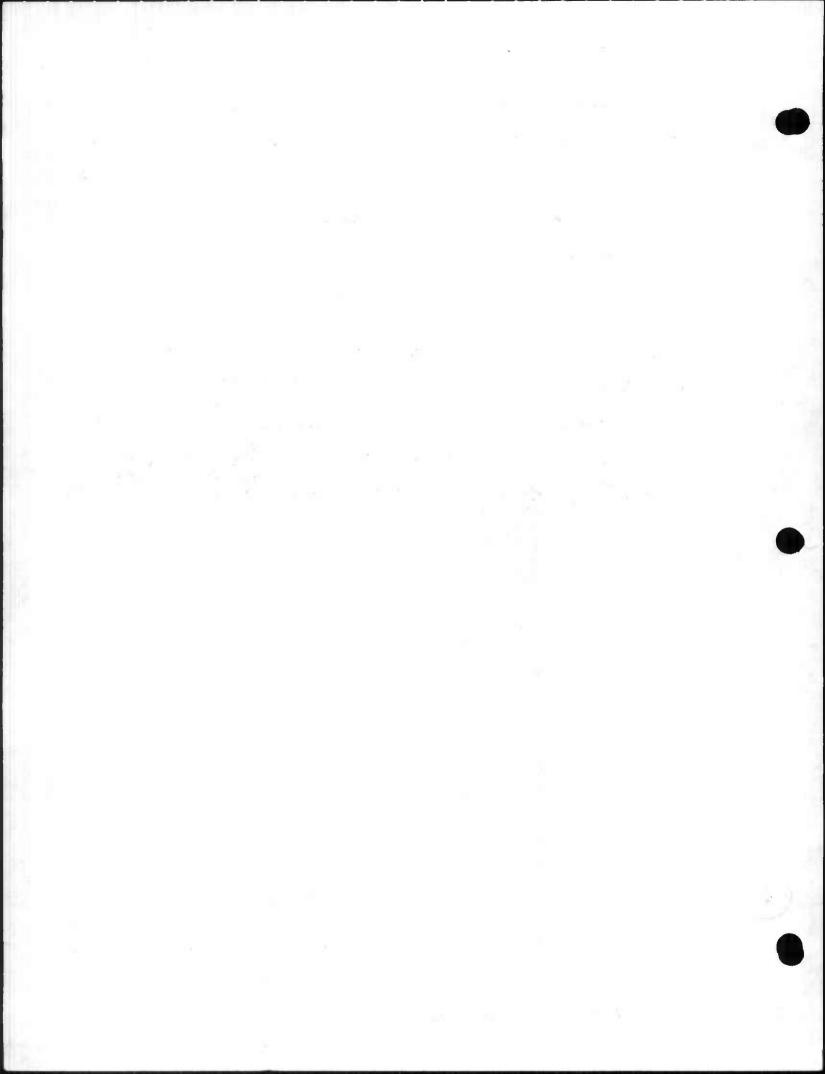
December 24, 1996

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Gutan

Rm 206 31. Date filed (Month, Day, Yeer) DEC 3 7 1996

32. Registrar's Signature this da vileon Radas

State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute to the cause of death?  1   Yes   2   No   3   Probably   4   Unknown    24a. Wes an eutopsy performed?  24b. Were autopsy findings aveilable prior to complation of cause of death?  1   Yes   2   No   1   Yes   2   No    25b. Wes case referred to medical exeminer?  26c. Place of Deeth (Check only one)							Cei	rtificat	e of	Death			Reg. No.		
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Due to (or es a consequence of):    Sequentially list conditions, if any, leading to immediate cause. Either Underlying cause. Either Underlying that inflied events in sequence of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause		Examiner		resulting in deeth)	e. Sep									<u> </u>	2 weeks
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Pert II. Other algnifficant conditions contributing to death but not resulting in the underlying cause given in Pert I.    1   Yes   2   No   3   Probably   4   Unknown   24b. Were autopsy findings available prior to complete to or cause of death?   1   Yes   2   No   3   Probably   4   Unknown   24b. Were autopsy findings available prior to complete to or cause of death?   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No	9	be siciar bun		Cause (Disease or Injury	c									i	
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Pert II. Other algnifficant conditions contributing to death but not resulting in the underlying cause given in Pert I.    1   Yes   2   No   3   Probably   4   Unknown   24b. Were autopsy findings available prior to complete to or cause of death?   1   Yes   2   No   3   Probably   4   Unknown   24b. Were autopsy findings available prior to complete to or cause of death?   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No	×	ding se es	M		d										
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    23b. Did tobacco use contribute to the cause of death?	Bo		lan												
24a. Wes an eutopsy performed?  24b. Were autopsy findings aveileble prior to completation of cause of deeth?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner?  1   Yes   2   No    25c. Wes case referred to medical examiner.  25c. No   1   Yes   2   No    25c. Wes case referred to medical examiner.  25c. No   1   Yes   2   No    25c. Wes case referred to medical examiner.  25c. No   1   Yes   2   No    25c. Wes case referred to medical examiner.  25c. No   1   Yes   2   No    25c. No   25c. No   25c. No   25c. No    25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No   25c. No	o	the de	ysic	Pert II. Other aignificant conditions	contributing to dea	ith but not resul	ting in the ur	nderlying c	ause giv	en in Pert i		23b. Dic	tobacco use co	ntribute 1	to the cause of death?
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2 Descripting Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end manner as stated.  (Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end manner as stated.  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  Hossin Assadi MD 9000 Franklin Square Drive Baltimore Maryland 21237	P														
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State of Maryland / Department of Health and Mental Hygiene 96 39300

					Ce	rtificate	of Deat	h		Reg. No.	0	0 0 0 0 0
Dhusisian	/	1. Decedent's Name (First, Middle,	Last)						2. Data of De		Year	3. Time of Death
Physician /Medical	-		SYLVIA M	ARIE S	ENGER				Decembe		996	12:40 PM
Examine		4a. Facility Name (ff not institution,					4b. City,		ocation of Deat			
	ı	Good Samaritan	Hospital				Ba]	timo	ce	N,	/A	
Funeral Director		5. Social Sacurity Number 215–03–9129	6. Sex 7. 1 □ M 2 🔀 F	. Aga (In yrs. ia	st birthday) Yrs.	If Under 1 Y Montha D	ear If Und	er 24 Hrs. Min.	8. Date of Bir (Month, De June 22	th ly. Year) 2, 1911	9. Birth	place (State or Foreig ntry) Choslovaki
2		Usual Residence of Dacedant										
deeth with the Meryland ms 23a or 28a-f show mas 15a or 28a-f show mass in Director		MD 10b. County	'A		Town or Lo Balti							10d. Inalde City Limite 1 Mas 2 □ No
or 26		10e. Street and Number				10f. Zip Co	da			10g. Citizen of	What Cou	ntry?
23a	5	6513 Sefton A	ve.				21214			US	A	
al. or he	2	11. Marital Status  1 Never Married 2 Marrie  3 Widowed 4 Divorced	12. Was Deceded Armed Force 1 Yes 2 If Yas, Giva Yaar or Date	es? No		Was Decedant If Yes, specify 1 ☐ Yas 2 ☒			ecify Yes or No Rican, atc.)	14. Rad Bla Specif	ck, Whita,	can indian, atc. nite
led within 72 hours byglene. Nor then "naturel", It, tre Mexical End		15. Decedent's (Specify only highest	Education		16a. Dece	dant's Usuai O	ccupation	not of work	ina	16b. Kind of B	usinass/In	dustry
within ene.	1	Elementary/Secondary (0-12)	Coilege (1-4	lor 5+)	lifa.	kind of work d DO NOT usa re	etired)	ost of work	ny			
Hygiene. Other than ent, II a	5	8			H	omemake	er			Own 1	Home	
Sab a	3	17. Father's Name (First, Middle, L John Chytry	ast)				18. Mot		e (First, Middle ie Schu	, Malden Surnar ltz	na)	
		19a. Informent's Neme/Ralationshi Sylvia M. Yeag							al Routa Numb ltimore	er, City or Town, MD 2.	, Stata, Zij 1214	Code)
8 2 2 2		20a. Mathod of Disposition  1   ↑ Burial 2 □ Cramation 3  4 □ Donation 5 □ Other (Spe		ata ce	metary, crei	osition (Name of matory or other Memori	place)	k 1:	Data 2/27/96	20c. Location		
Department Department Important: If any injury o	Ì	21. Signature of Funeral Service Li	censee			2. Name and A		ility				
20289	1	N. Glove	lot R						HOME, P Baltimo		2121	Λ
Physician /Medical		23a. Part 1. Enter the disease, or cannot, or heart takens. List o immediate Causa (Final disease or condition		isad tha death. sh lina.	Do not and	ter tha moda of	dying, such a	is cardiac	or respiratory e	rrest,	1	Approximata Intarval Between Onaet and Death Days
Examiner	1	rasulting in death)	8,	Due to (or	as a consec	quance of):						-
D = 0			. Pne	eumonia								l Week
physician and sthe buriel-transit		Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury	b		as a consec	quanca of):						1 Week
Brill Brill		resulting In death) Last	d	Dua to (or	as a conseq	uance of):						
out the death co		Pert II. Other significant condition	contributing to deat	h but not resul	ting in the u	nderlying caus	a given in Par	t I.	23b. Did	tobacco ues co	entribute t	o the cause of death
that the ded by the detached		Bipolar Diso							10	Yee 2□ No	3 Pro	bably 4 Unknow
aw requires ts been sign 2 should be		Arterioscler	otic Cardi	iovascu	lar D	isease				an autopsy rmed?	av	era autopsy findings allable prior to impletion of cause death?
The lay									1 🗆	Yes 2 No	1[	☐ Yes 2☐ No
certificate rector, pag		25. Was casa referred to medical					28. Pia	ca of Deat	h (Check only			
5 00 5		axaminar? 1 ☐ Yas 2⊠ No	Hospital:	atient 2 E	R/Outpatier	a 3□ DOA	Other			dence 8 Oth	ar /Snacii	(v)
tending Physical Cation: To cation: To cation:		27. Manner of Death  1 X Netural 5 ☐ Pending 2 ☐ Accident investiga	28a. Dete of I (Month,		28b. Tima of Injury	28c.	Injury at Work? 1 Yas 2			how Injury occur		77
ut or Attending P the death. In the toners of in by the funers Certification:		3 Sulcida 6 Could no 4 Homicide datermin	ed 286. Place of	Injury - At hon, atc. (Specify)	na, farm, str	eet, fectory, off	ice		28f. Location ( City or To	Street and Numb vn, Stete)	ber or Run	il Routa Number,
A Hound		29a. Cartifiar (Check only one) 1 ☐ Certifying 2 ☐ Medical Ex	Physician: To the be taminer: On the basis and manner	s of axamination	edga, deeth on and/or inv	occurred at the	a time, dete a ny opinion, da	and place, ath occurr	and due to the red at tha tima,	cause(s) end ma data and plece,	annar as s end dua te	tated. o the causa(s)
D S D O M		29b. Signature and little of certifier				29c. Lic	ense number			29d. Data algne	d (Month,	Day, Year)
(		1 Miso		OM.			08358			December	24,	1996
4	1	30. Name and address of person wi Gracito V. Pa			-		St.,	Balti	imore.	MD 2122	24	
State	1	31. Data filed (Month, Day, Year)		istrar's Home								
Registrar		DEC 27 1996	U	001 -11								

State of Maryland / Department of Health and Mental Hygiene

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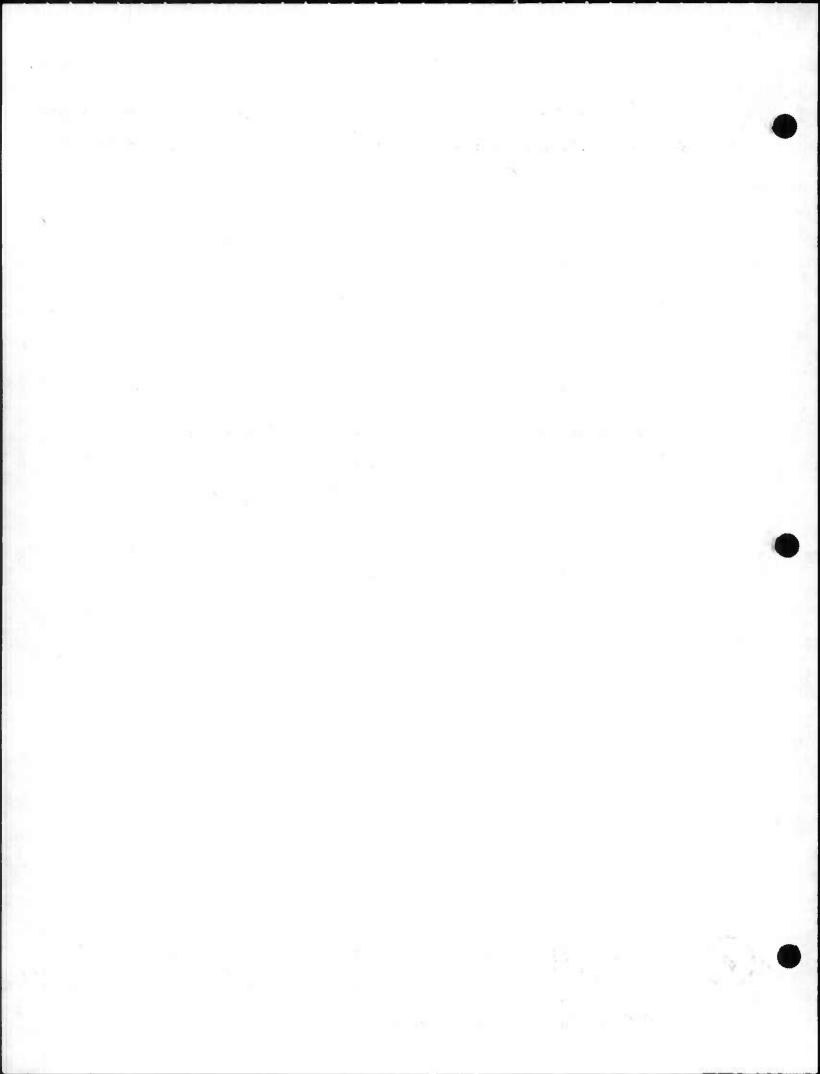
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Funera Directo			□M 2 <b>/</b> F	85 Yrs.	Months Dey		7/30/19	911	Count MD	ry)
dand		10e. Stete 10b. County		10c. City, Town or	Location				10	d. Inside City Limits
Man,	ō	MD Baltimo	ore	7501 N.	Charles	St. Baltin	nore Cou	nty		1 ☐ Yes 2 No
the 128	Director	10e. Street end Number			10f. Zip Code	9	1	0g. Citizen of 1	What Count	rv?
With on the		7501 N. Charles S	2+			21204		U.S		,
leath 2	lera	11. Maritai Status	12. Wes Decedent E	Ever in U.S. 13	B. Was Decedent of		pecify Yes or No-		a - America	n Indien
in 72 hours after death with the Maryland "neturel", or items 23a or 28a-f show locical Examiner must be notified at	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 N  If Yes, Give  Year or Detes:	lo	If Yes, specify Co	of Hispenic Orlgin? (Spuban, Mexican, Puerto No Specify:	Rican, etc.)	Ble	ck, White, e	rtc.
2 hou		15. Decedent's Edu	111111111111111111111111111111111111111	16a, Dec	edent's Usual Occ	cunetion	- 1	16b. Kind of B		
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高手を其	BeC	17. Fether's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle, M			
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should bentamed marked	-	19e. Informent's Name/Reletionship (7)	rne Print)	19h Me	iling Address (Stre	eet end Number or Rui		City or Town	State 7in /	Codel
d 2 should be file th and Mental Hy 77 Is marked oth traumatic event									Olato, Zip	0000)
s 1 and of Health item 27 other to		Donald Sandaal/ S	son	20b. Place of Dist	position (Name of	Or. Baltimo		ZIZZZ 20c. Location -	City or Toy	vn State
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Demit. Page Department of Important: If eny Injury or once.		4 □ Donetion 5 □ Other (Specify)			nedral Ce		2/27/96	Baltimo	re Ci	ty, MD
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the da by the a	Physician	Pert II. Other algnificant conditions con	tributing to deeth bu	t not resulting in the	underlying cause	given in Pert I.				the cause of death?
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te law requires t that been signe ge 2 should be	d by						24e. Wes e	n autonou	24h Wer	re autopsy findings
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E 20	Completed								of de	eath?
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ician: Th certificate rector, pay	Be	25. Wes case referred to medical examiner?				26. Piece of Deet	th (Check only on	Θ)		
	10	1 ☐ Yes 2 ☐ No	fospitel: 1 La Impatier		ent 3 DOA	Other: 4 Nursing Ho	ome 5 Reside	nce 8 🗆 Oth	er (Specify)	
fing Phys After this funeral d		27. Menney of Deeth 1 ☐ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey			jury et Vork?	28d. Describe ho	w injury occur	red	
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after deal Director:	tiffe	3 ☐ Sulcide 6 ☐ Could not be determined		ry - At home, ferm, s	treet, fectory, offic	ce	28f. Location (St.		er or Rurel	Route Number,
Para para para para para para para para	Certification:		building, etc.	(Openiy)			City or Town	, 51010/		
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the Hospital hin 24 hours the Funeral npietely filled	edical	(Check only 2 Medical Examinations)	ner: On the basis of end menner stet	exeminetion end/or i	nvestigetion, In my	y opinion, deeth occur	red et the time, de	ete end place,	end due to t	the cause(s)
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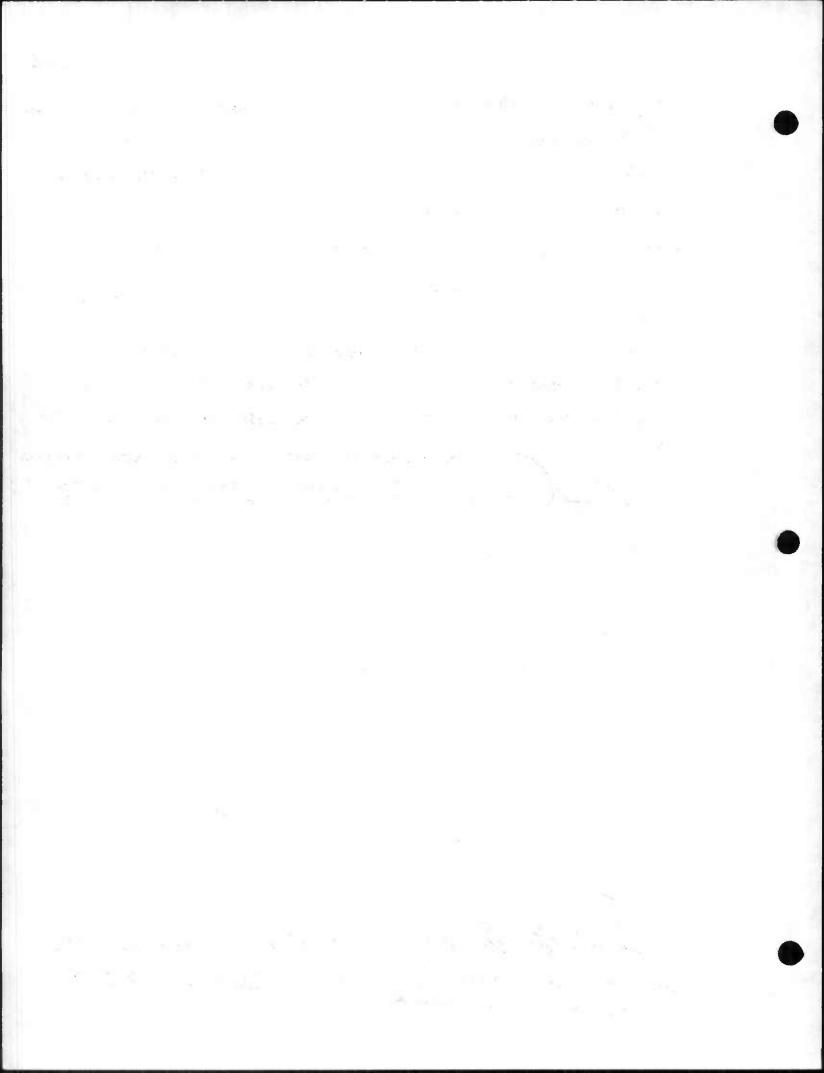
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State of Maryland / Department of Health and Mental Hygiene

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Description of cause of death but not resulting in the underlying cause given in Part I.    23b. Did tobacco use contribute to the cause of death?   1   Yes 2   No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Was an autopsy performed?   24b. Was an autopsy performed?   1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2	760	e bour		that initiated events	c	ue to for as a co	neadliance o	γ()·						
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24a. Was an autopsy performed?  24a. Was an autopsy performed?  24b. Wera autopsy findings available prior to completion of cause of death?  1   Yes   2   No    25c. Was case refarred to medical examinar?  1   Yes   2   No    25c. Was case refarred to medical examinar?  1   Yes   2   No    25c. Was case refarred to medical examinar?  1   Yes   2   No    25c. Was case refarred to medical examinar?  1   Yes   2   No    27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Manger of Death   Chack only one)  27c. Location (Street and Number or Rurel Route Number, City or Town, Sete)  27c. Location (Street and Number or Rurel Route Number, City or Town, Sete)  27c. Location (Street and Number or Rurel Route Number, City or Town, Sete)  27c. Location (Street and Number or Rurel Route Number, City or Town, Sete)  27c. Location (Street and Number or Rurel Route Number, City or Town, Sete)  27c. Location (Street and Number or Rure		0 0 1	sici	Part II. Other significant conditions co	entributing to death but	not rasulting in t	the underlyin	ig causa gi	ven in Part I.	23b. D	d tobacco	use contrib	oute to the c	ause of death?
248. Were autiopsy indidings evaluable prior to completion of cause of death?  25. Was case referred to medical examiner?  10 yes 20 No  26. Place of Death (Chack only one)  27. Menger of Death 10 yes 20 No  27. Menger of Death 10 yes 20 No  28. Deate of Injury at Work in Jury at Work in Jury at Work in Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury at Jury	1	d by t								1(	☐ Yss 2	□ No 37	Probably	4 Unknown
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Funeral Director		5. Social Security Number 6. 214-14-0640	Sex 1 ☑ M 2 □ F	7. Age (In yr. 76	s. lest birthdey) Yrs.	Month.	s Dey		Min.	8. Dete of Bir Month, De July 2	th y, Year) 1920	9. Birthp Cour Mary	plece (State or Foreign
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d Z1Z15-0020 filed within 72 hours af Hygiene.	r than	Completed	9th grade		College	(1-4or 5+)	PLUMB		irea)			CON	STRUC	TION
Maryland d 2 should be file th end Mental Hy	D >	To Be	17. Fether's Name Charlie	•					1	8. Mother's Name Beatri	e (First, Middle ce Fost		me)	
shot shot	7 la merke traumetic		19a. Informant'a N	lame/Relation	ship (Type, Print)		19b. Mallir	ng Address (Stre	et en	d Number or Run	al Route Numb	er, City or Town	n, Stete, Zip	Code)
a all			Beatrice	e Foste	er Smith/M	other	1100	N. Keny	woc	d Avenu	e, Balt	imore,	Mary1	and 21213
wemit. Pages 1	nt: If itam 2 ry or other		20a. Method of Dis Surial 2 4 Donetion	Cremation	3 □Removal from	Stete		sition (Name of metory or other p			Dete 12/24	20c. Location		wn, State , MARYLAND
permit.	important: any injury once.		21. Signature of Fi			00				of FecilityWIL	LIAM C,		COMMU	NITY F/H

**Physician** /Medical **Examiner** 

Box 68760.

Division of Vital Records, P.O.

The law requires that the death certificate be

or Attending Physician:

Examiner Physician/Medical Completed by Be

physician and the burial-transit 88 signed by the ettending to be detached for use page 2 should Certification: To funeral i after death.

I Director: Aft
od in by the fur filled in by the Hospital of the Funeral D

23a. Part1. Enter the disease, or compositions that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) NARCOTIC INTOXICATION Due to (or as a consequence of) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or as e consequence of): Due to (or es a consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findinga aveilable prior to completion of cause of death? 24e. Was an autopsy performed? 1 Yes 2 No 1ETYes 2□ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural FOUNDY AT 2 Accident FOUND ON 12/17/96 11:28 PM 1 Yes 2 No UNKNOWN 3 Suicide Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, StateROXBURY CORRECTIONAL 4 - Homicide FOUND IN JAIL CELL HAGERSTOWN, MARYLAND INSTITUTE

29a. Certifier (Check only one)

29b. Signeture and title of certifier

31. Dete filed (Month, Day, Year)
DEC 2 7 1996

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end memoric stated.

O.C.M.E.

29c. License number 29d. Dete signed (Month, Dey, Year)

DECEMBER 20,1996

22. Name and Address of Fecility WILLIAM C, BROWN COMMUNITY F/H 1206 W. NORTH AVENUE

PM

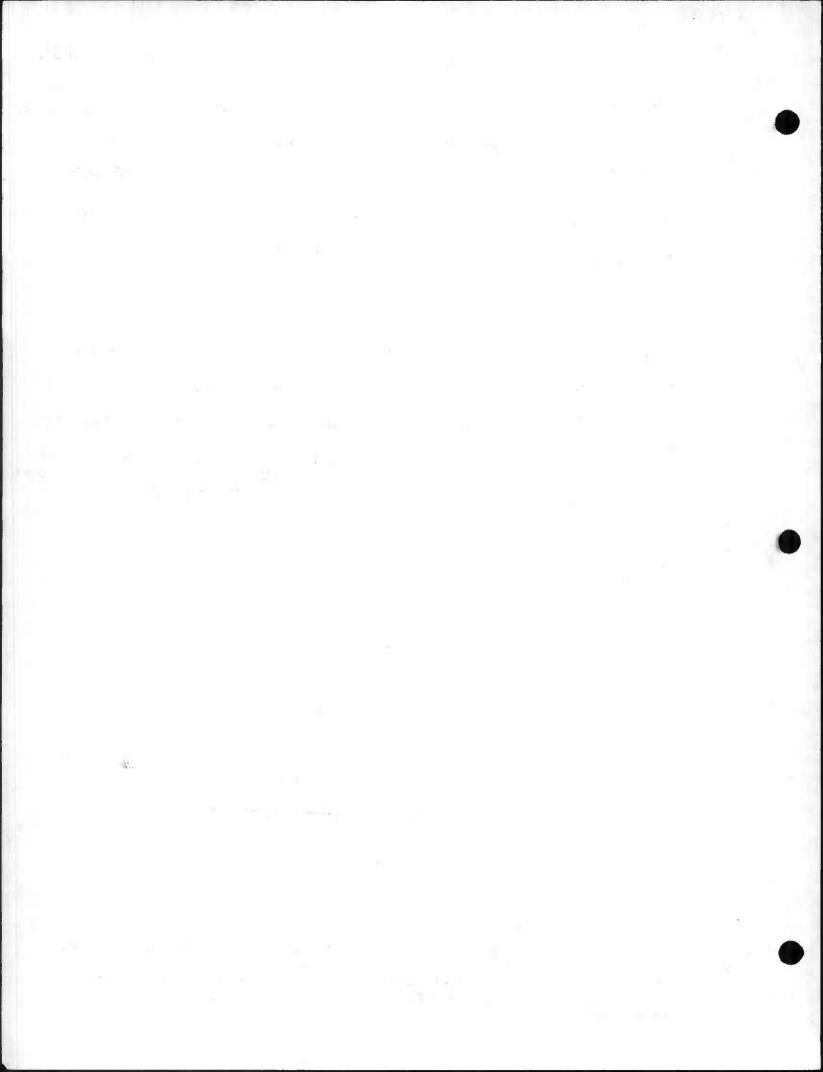
30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical

Farler



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

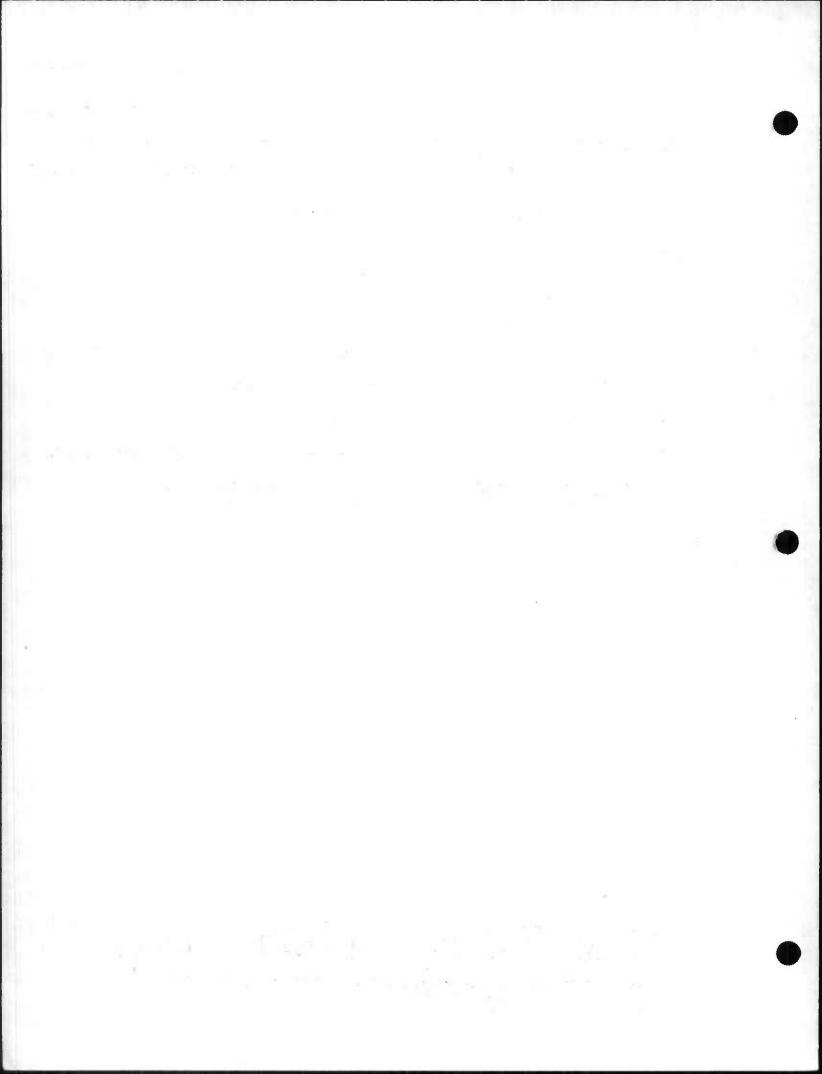
	. Scholl va streat and number) cal Health Sex 7. Ag	Center		ſ			Date of Death Month December	Day	Year 1996	3. Time of Do
4a. Facility Name (If not institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution, ghas in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the institution in the instit	va streat and number) cal Health Sex 7. Ag	Center		-			Decembe	er 25.	1996	12.05
Multi-Medi 5. Social Security Number 6. S 215-07-6334 Usual Residence of Decedent	cal Health	Center						,	2000	12.00
5. Social Security Number 6. S 215-07-6334 Usual Residence of Decedent	Sex 7. Ag	Center			4b. City, Tow	n, or Loca	tion of Death	4c. County	of Death	
215-07-6334 Usual Residence of Decedent		OCHECL			Tows	on		Bal	ltimoı	ce
	1□ M 2X1F	a (In yrs. last bir 85		Undar 1 Yea onths Days		4 Hrs. 8 Min.	Date of Birth (Month, Day, Oct 9,	1911	Count	aca (Stata or F ny) 1 Land
		10c. City, Tow	n or Locatio	00					40	ed testeda Oisa
Maryland Balti	more	Towso		OII					10	d. Inside City
10e. Street and Number 7700 York	Road		1	10f. Zip Code 2120	14		10	g. Citizen of V	What Count	ry?
11. Marital Status  1 Naver Married 2 Marriad  Widowed 4 Divorced						n? (Specif Puerto Rid	ly Yas or No- can, etc.)	Bla		tc.
15. Decedent's E	ducation	16a.	Decedent'	's Usual Occu	pation	d working	1	6b. Kind of B	usinass/Ind	ustry
Elementary/Secondery (0-12)		i+)	life. DO l	NOT use retir	ed)			it. Ve:	rnon l	Mills
17. Fathar's Name (First, Middla, Last	)				18. Mother	s Name (F	First, Middle, M	eiden Suman	ne)	- 14
Benjamin Cr	ue				Emi	ma Ca	rter			
		19b	. Mailing A	ddress (Stree	et end Number	or Rural F	Route Number,	City or Town,	State, Zip	Code)
Nancy Scholl (Dt	r-inLaw)	4	103 B	uena V	ista A	venue	, Balt:	imore,	Md.	21211
		cemetar	ry, cremato	ory or other pla			1 1			
		Fork			0	121	27/46Fc	ork, Ma	arylan	nd
21. Signature of Funeral Sarvice Licar	Seite.	h	A.	Alan S	eitz,				1	1 0101
disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Inderlying Cause (Disease or Injury that initiated avants resulting in death) Last	b	Due to (or as a c	consequence	ca of):					2	U you
Part il Other significant conditions o	ontributing to death by	st not reculting le	the under	duing source of	ivon In Bart I		23h Did tah	2000 1120 00	ndelbude to	the serves of s
ratti. Oller significant conditions o	Ontributing to death of	at not resulting in	i trie under	lying causa g	ven in Part i.					abiy 4 □ Un
							24a. Was an perform	autopsy ed?	ava	re autopsy find ilabla prior to pletion of cause eath?
							1 🗆 Yas	2410	1 🗆	Yes 2 No
25. Wes case referred to medical					26. Place o	f Death (0	Check only one	)	1	
1 Yes 2 No	Hospital: 1 ☐ Inpatle	nt 2 ER/Ou	tpatient 3	DOA O	ther: 4 Nurs	ing Home	5 Residen	ca 6 Oth	er (Specify)	
E LI / tooldont	(Month, Da)		njury	Wo	ork?		d. Describe how	v injury occur	red	
3 Suicide 6 Could not b	286. Placa of Inju	iry - At home, fa :. (Specify)	rm, straet,	factory, office		28f	Location (Stre City or Town,	et and Numb State)	per or Rural	Route Number
29e. Certifier (Check only one)	ninar: On the basis of	examination and	, deeth occ d/or investig	curred et the t gation, in my	ime, date and opinion, death	place, and occurrad	due to the cau at the time, dat	ise(s) and ma e and place,	anner as sta and due to	ited. the cause(s)
29b. Signature and title of certifiar	2	em		29c. Licen		7+		d. Data signe	d (Month, D	ay, Year)
30. Name and address of person who	completed cause of de	eath (Item 23a) (	Type, Print	t)		, ,				
	1 Naver Married 2 Marriad  3 Widowed 4 Divorced  15. Decedent's E.  (Specify only highest gra  Elementary/Secondery (0-12)  8  17. Fathar's Name (First, Middla, Last  Benjamin Cr  19a. Informant's Name/Relationship ( Nancy Scholl (Dt  20a. Mathod of Disposition  1 Burial 2 Cramation 3 D  4 Donation 5 Other (Specification of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of 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 2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   New Year or Dates:   1   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes	1   Yes   X   No   Specify:   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   GRAN   Yes   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   Gran   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State of Maryland / Department of Health and Mental Hygiene

39306 Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month /Medical Mary. Smith 1996 B. Dec 10:35 am 4e. Fecliity Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore 318 Leyton Road Reisterstown If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 1925 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign **Funeral** Months Days Hours 1 ☐ M 2 🔀 F West Virginia 71 Yrs Director 235-38-0640 Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at Maryland Baltimore Reisterstown 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 21136 USA items 23e 318 Leyton Road Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after inent of Heelth and Mental Hygiene. Int: If Item 27 Is markad other than "natural", or ite 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 □ Divorced Specify: WHITE Completed treumetic event, the Medical 15. Decedent's Education (Specify only highest grede com 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Elementary/Secondery (0-12) College (1-4or 5+) Ballroom Dancing 12 Teacher 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Edward Thomason Bertha Hager 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2. Department of Heelth at Important: If Item 27 is any injury or other tre. Mrs. Lois Finifter (Daughter) 1201 Walnutwood Road Hunt Valley, MD 21030 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removel from State 12-24-1996 Baltimore, MD Hilltop Service Corp. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. un 21208 8900 Reisterstown Road Pikesville, MD 23a. Pert1. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificete be executed physician and s the burial-trans Sequentieily list conditions, if eny, leading to immediete cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): P.O. Box 68760. Physiclan/Medicai Due to (or es e consequence of): attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown s been signed to should be det Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Vital nding Physician: director. Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To on of this funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident after deat Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours To the Funerel Discompletely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(e) and manner as steted.
2 Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piace, and due to the ceuse(s) end menner stated. edicai 29a, Certifier (Check only one) 29b. Signeture and title of certifie 29c, License number 29d. Defe signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Dr. James Eberling 7401 Osler Drive, Suite 202 Towson, MD 21204 31. Dete filed (Month, Dev Yeer) DEC 2 7 1996 State Registrar

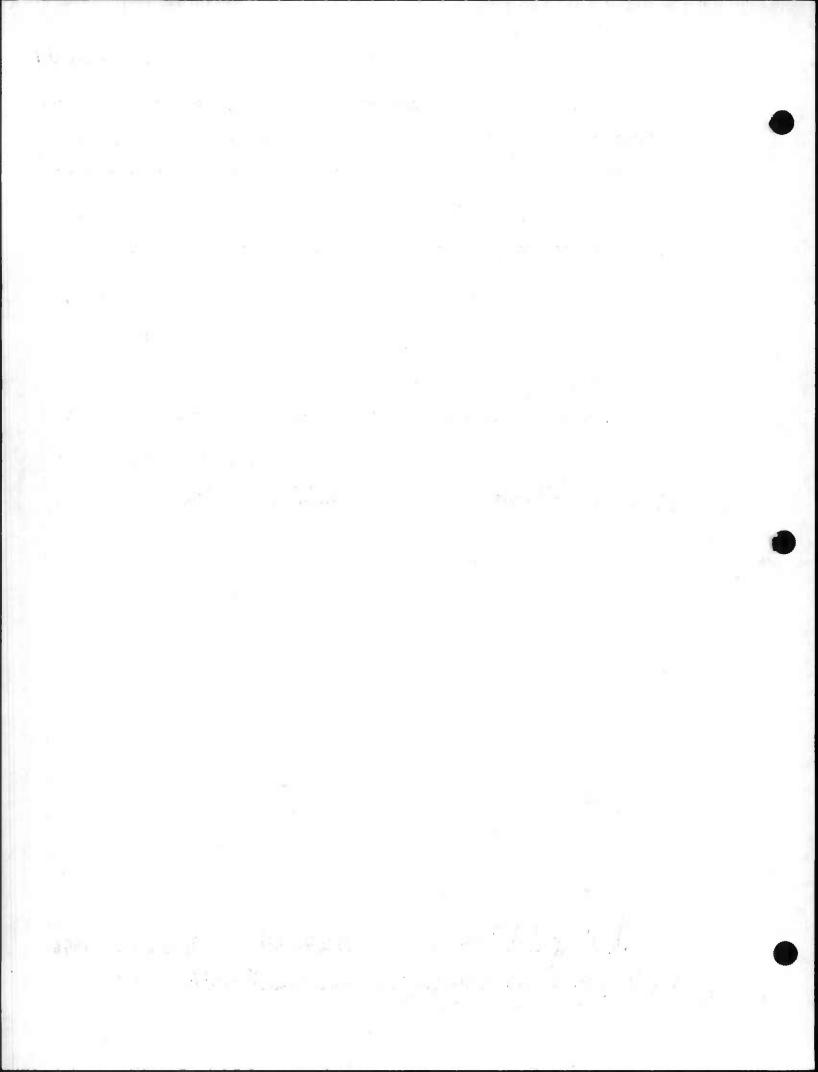
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

39307

						Cer	tificate c	of Death	1		Reg. No.	0	0 3 0 0 1
	Physic	ian	Decedent's Neme (First, Middla, L	ast)						2. Dete of Dee Month	olh Day	Yeer	3. Time of Death
Ų,	/Medi		KATIE			SATT	LER			DEC. 2	4, 1996		7:45am
à	Exami	ner	4e. Fecility Neme (If not institution, g CHERRYWOOD NURS		nber)					ocation of Deeth			
ľ	Funeral Director				7. Age (In yrs. last b	vrs.	If Under 1 Ye Months De	ar If Under		8. Dete of Birth (Month, Day MAY 7,		9. Birth Cou M	MORE plece (Stata or Foreign intry) ARYLAND
	the Maryland 28a-f show	٦	Usuel Residence of Decedent  10a. Stete 10b. County  MARYLAND	N/A	10c. City, To	wn or Loc		TITTMOD	) TO				10d. Inside City Limits
	th with the h	Direct	10e. Street end Number 2500 W. BELVEDE		APT. 305		10f. Zip Cod	LTIMOR .215	Œ		10g. Citizen of US		**
020	after dea or itams	by Funeral Director	11. Maritel Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced		dent Ever in U,S. ces? 2 □ <b>X</b> o	13. W		of Hispanic Or uben, Mexica	n, Puerto	ecify Yes or No- Rican, etc.)	14. Rac	ce - Ameri ck, White,	icen Indien, , etc. WHITE
21215-0020	within ena. than	Completed	15. Decedent's E (Specify only highest g Elementery/Secondery (0-12) 12	Education reda complated) College (1-	-4or 5+)	e. Decede (Giva k lifa. D	ent's Usuel Oci ind of work do O NOT use ret	cupation na during mos ired)	at of work	ing	16b. Kind of B DEPART MOTOR	MENT	OF
and ;	be filectal Hygid of other	Be	17. Fether's Neme (First, Middla, Las HYMAN	1)		POTT	S	2002	er's Nemo	e (First, Middle,		n <i>a)</i>	
Maryland	d2 square	To	19e. Informent's Neme/Relelionship MISS DEBORAH SA		DAUGHTER)					al Route Numba	r, City or Town,	Stete, Zij	
Baltimore,	of He		20e. Method of Disposition  1		tete camat		ition (Name of etory or other p	olaca)	12	Dele -26-199	20c. Location -		Cown, State
Balt	Pagenti. Pagenti. Pagenti. Pagenti. Pagenti. Pagenti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti. Importanti.		21. Signatur cs. uneral Service of 23a. Pert T. Enter the disease, or conshock, or heart feilure. List only immediate Ceuse (Finel disease or condition resulting in deeth)	Druge	used the death. Do	8	900 REI	LEVIN STERST dying, such es	SON OWN cardlac	athy	KESVILL rest.		D_21208 Approximate Intervel Between Onset and Deeth
ox 68760,	certificate be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentietly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last	c	Due to (or es e			(ard	rock	ascila	r Doer	150	signs
. Bo	death ce	sicla	Pert II. Other significant conditions	contributing to dea	ath but not resulting	In the un	deriving ceuse	given in Pert I	l	23b. Did to	obacco use co	ntribute t	to the cause of death?
s, P.O	thet the ed by th detach	by Physiclan/	^/	*.	Denal		seus				es 2□No		
Records,	aw requir is been s 2 should	Completed t							_	24a. Was e perfor		av	/ere autopsy findings vailable prior to empletion of ceuse death?
Vital	Iclan: The li certificate ha rector, paga		25. Wes case referred to medical							1 🗆 Y		1 (	☐ Yes 2☐ No
5	ysician: is certifica director,	o Be	axeminer?	Hospitel: 1  In	patient 2□ER/0	utpatient	3□ DOA	Whor		h <i>(Check</i> on <i>ty</i> or me 5 ☐ Reside		er /Snech	fv)
ion of	ding Ph h. After th funeral	atlon: T	27. Menner of Deeth  1 Nature 5 Pending 2 Accident Investigetion	28e. Dete of (Month		Time of Injury	28c. In			28d. Describe h			<i>"</i>
Division	or At after o Direct in by	Certification:	3 Sulcide 6 Could not 8 determined	200. PIECE (	of Injury - At home, f g, etc. <i>(Spacify)</i>	erm, stre	et, fectory, offic	×e		281. Location (S City or Town		er or Run	al Routa Number,
-	Hospital	edical	29a. Certifler (Check only one) 1	nyalcian: To the b miner: On the bas end menne	est of my knowledges of examination electrons	e, deeth o	occurred et the estigetion, in m	time, dete en y opinion, dee	d plece, o	end due to the c ed et the time, d	euse(s) and ma ate end place,	anner as s and due to	iteted. o the cause(s)
	To the	W	≥ 29b. Signature and title of entitler 29c. License number						34	<b>1</b>	9d. Date signe		
,	5		30. Name and address of person who	completed ceuse	of deeth (Item 23e)	(Type, P	rint)	D Run	0.1	Stown 1	(D) 211	33	1.11~
	Sta Registr		31. Dete filed (Month, Day, Year) DEC 2 7 1996	Julia 200	istar's Sippolyde	020		1					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				State of IVI		Certificate		eaith and iv D <i>eath</i>	ientai my	Reg. No.	6 3	9308
	Dhualai		1. Decedent'a Nema (First, Middla, La	st)					2. Date of De Month	eth Day	Yaar	3. Time of Death
	Physici /Medi		Herman Adam	Sc	hmitt				Decemb			8:40 a.m
$\rangle$ .	Examir		4a. Facility Name (If not Institution, giv	e street end number)			4	b. City, Town, or Lo	cation of Deet	h 4c. County	of Deeth	
			Stella Maris Ho					Towson		Balt	timore	
	Funeral		5. Social Security Number 6. S	TWM 2DE	a (In yrs. lest birth	Months D	Yaar Days	if Undar 24 Hrs. Houra Min.	6. Data of Bi (Month, De	rth ey, Year)	9. Birthpled	ca (State or Foreign
ξ	Director		196-03-1398	201	91 <sup>Y</sup>	rs.			Aug. 2	4,1905	New	York
pue	3		Uauel Residence of Decedent  10a. Stata 10b. County		10c. City, Town	or Location					104	. Inside City Limits
Aeryl	l show	٥									,,,,	1 ☐ Yes 2 ☑ No
the	28e	Director	Maryland Baltin	more Co.		Baltimore 101. Zip Co				10g. Citizen of	What Country	0
with	9 9		(100 F - 1 - 1								•	
Peath	78 2 1	era	6108 Eastern Parl	12. Waa Decedent	Evar in U.S.	21200		spanic Origin? (Spe	ecify Yas or No	U.S. A	A . ce - American	indian
Ballimore, Maryland 21213-0020  Semil. Pages 1 and 2 should be filled within 72 hours efter death with the Meryland	ref, or flems 23e or 28e-f ehov Examiner must be notified at	by Funeral	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?  1 Yes 2 3  If Yes, Give Yeer or Datas:		If Yas, specify		spanic Origin? (Spanic Origin) n, Mexican, Puarto Specify:	Rican, etc.)	Ble Specif	ck, Whita, atc	).
2 2	"naturel".		15. Decedant's Ed	ducation	16a. C	Decedent's Usuei C	Occupa	itlon		16b. Kind of B		
2 nic		Completed	(Specify only highest green Elementery/Secondery (0-12)	eda complated)		Giva kind of work of ite. DO NOT use i	dona d etired	uring most of worki	ing	, , , , , , , , , , , , , , , , , , , ,		,
Z1Z1 d within	r then	E	12th. Grade	College (1-4or 5	1+)	Yard Su	per	intendent		Stee	el Com	pany
2 Dr	d other event, t	BeC	17. Father's Neme (First, Middle, Last,	)				18. Mother's Neme				
2 should be f	marked other	TOE	Peter NMN	Schmitt				Ellen	NMN	Gibbo	ons	
short short			19e. Informant'a Neme/Reletionship (	Type, Print)	19b. l	Meiling Address (S	treet a	and Number or Rura Road	I Route Numb	er, City or Town	State, Zip Co	ode)
and 2	27		Mary Catherine D	urkin/ Dau	ghter 8	203 Lasa	116	Balt:	imore,	faryland	2128	6
as 1	If hem 27 is or other tra		20a. Method of Disposition		20b. Plece of I	Disposition (Neme cremetory or otha	of r place	9)	Date	20c. Location	- City or Town	i, Stata
Pages	ant: II		1 ☑ Buriel 2 ☐ Crametion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification)			s of Fai		1	-23-96	Raltim	ore M	aryland
Dail.	epartment riportant: riy injury o noa.	i li	21. Signature of Funesal Service Licer	1986	Joanuel	22. Nama and A			23-70	Dartin	ore, n	aryrand
0 8	8118		19 H m 6	31 /				ller, In				
			23a. Pen1. Enfer the disease, or com shock, or heart tellure. List only	plications that caused	the deeth. Do no	6415 Be	lai f dvind	r Road	Baltimo	re, Mar		21206 pproximate
///	ysician Aedical aminer	Jer	immediate Cause (Finel disaasa or condition resulting in death)		Failure Due to (or es a co	nsequence of):						
DO/DU, ificete be executed	physician and s the burial-transit	edicai Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Undarfying Cause (Disease or Injury that initiated events resulting in deeth) Last	c	Due to (or es a co							
deeth certific	ed by the ettending p detached for use es	Physician/Med	L	d								
- de	he et hed fo	Sici	Part ii. Other significant conditions of	ontributing to death be	ut not rasuiting in t	he underlying ceus	se give	n in Part i.	23b. Dld	tobacco use co	ntribute to th	ne cause of death'
that the	igned by the betack								10	Yes 2□ No	3 Probat	bly 4 🕅 Unknow
OF VITAL RECORDS, Physician: The law requires th	s been s 2 should	Completed by								an autopsy ormed?	evella	autopsy findings able prior to eletion of cause ath?
2 8	ate he	Š							10	Yas 2 No	10 Y	res 2□ No
	certificate rector, pa	Be	25. Wes cese raterred to medicei					26. Plece of Deeth	(Check only	ona)		
	this aidi	2	examiner? 1  Yas 2 X No  27. Menner of Death	28a. Dete of Injur	nt 2 ER/Outp		Othe Injury Work	<sup>lf:</sup> 4⊠ Nursing Ho	me 5 Resi			
Attending	.: Aft	atio	1 X Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	(Year) Inj	M		? ′es 2 □ No				
7 6	To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicida 6 Could not be determined	28e. Piece of Injubuilding, etc	ry - At home, fern	n, street, fectory, of	ffice		26f. Location ( City or To	Street and Numb wn, State)	ber or Rural R	outa Number,
Hospital     24 hours	• Funeral	edical	29e. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of niner: On the basis of end mannar sta	examinetion end/	deeth occurred at to or investigation, in	he tim my op	e, dete end piece, a Inion, deeth occurre	and due to the ed et the time,	ceuse(s) and modete and place,	anner as state and due to th	id. e cause(s)
To the	Toth	Me	29b. Signatura and title of certifies	//	>	29c. Li	icensa	number 15504		29d. Deta signe		y, Year)
' (	a <sup>n</sup>	)	30. Name and address of person who a				Doo.	d Torres	2 MD	21204		188
	Sta	te	31. Deta filed (Month, Day, Year)		Dulaney Dulaney		wod	d, Towson	I, PID	21204		
	Registr		DEC 2 7 199	6	uaurason-n	marios						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39309

Physician
/Medical
Examiner

Director

Funeral

by

Completed

Be

Examiner

Physician/Medical

ð

Completed

Be

Certification: To

Medicai

1. Decedent's Name (First, Middle, Last)

2. Date of Death

Md.

10d. Inside City Limits

Approximata Intervel Between Onset and Death

HOURS

YEARS

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes XXNo

1 Yas a No

JANE SNYDER 4a. Facility Name (If not institution, give street and number)

4b. City, Town, or Location of Deeth

DECEMBER 22, 1996 9:27 AM

**Funeral** Director

28a-f show must be notified at the ò Itams 23a efter ŏ "natural", Hygiene.

merked other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If frem 27 is marked other any Injury or other traumatic event once.

Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner The law requires that the death certificate be executed sician and buriel-trans Box 68760. physician the 98 igned by the a P.O. signed by Records, page 2 certificate has Vital Physician: director Division of this funeral al or Attending P s after death. the in by t To the Hospital within 24 hours a To the Funeral Completely filled filled

4c. County of Deeth BALTIMORE TOWSON, MARYLAND SAINT JOSEPH MEDICAL CENTER If Under 1 Year | If Under 24 Hrs. Months | Deys | Hours | Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) 1□ M 25 F Yes 215-09-5271 Jan. 12, 1919 Usual Residence of Decadent 10a State 10b. County 10c. City, Town or Location Md. Baltimore Cockevsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10320 Malcolm Cr. Apt. G 21030 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black. White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 State of Maryland Cashier 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) William Fowler Dora Horwitz 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Frank Snyder/Husband 10320 Malcolm Cr. Apt. G Cockeysville, Md. 21030 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 12/26/96 Parkville, Md. 21. Signature of Funeral Service ( 22. Name and Address of Facility
Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reaplretory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final CHRONIC OBSTRUCTIVE PULMONARY DISEASE diseese or condition resulting in death) 20 YEARS Due to (or es a consequence of): NON-KETOTIC HYPEROSMOLAR SYNDROME 48 Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieled events resulting in death) Lest Due to (or as a consequence of): CHRONIC ATRIAL FIBILLATION Due to (or as a consequence of): RETROPULSIVE POSTURAL INSTABILITY 15 YEARS

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

FORMER SMOKER

HYPERTENSIVE CARDIOVASCULA DISEASE

25. Was case referred to medical exeminer?

1 Inpatient 2 □ ER/Outpatient 3 □ DOA

1 Yes 2 No
27. Manner of Death
14 Natural 5 Pending Investigation 6 Could not be determined

Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State) 157 Certifying Physician: To the best of my knowledge, death occurred et the time, date end placa, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated.

28d. Describe how injury occurred

24a. Was en autopsy performed?

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

26. Plece of Death (Check only one)

1 ☐ Yes 2 No

29b. Signature and title of cartifie

D25886

29c. License number

29d. Dete signed (Month, Day, Year)

23b. Dfd tobacco use contribute to the cause of death?

Yea 2 No 3 Probably 4 Unknown

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) LILIA CEBALLOS,

7620 YORK ROAD

28b. Time of

TOWSON, MARYLAND 21204

State Registrar

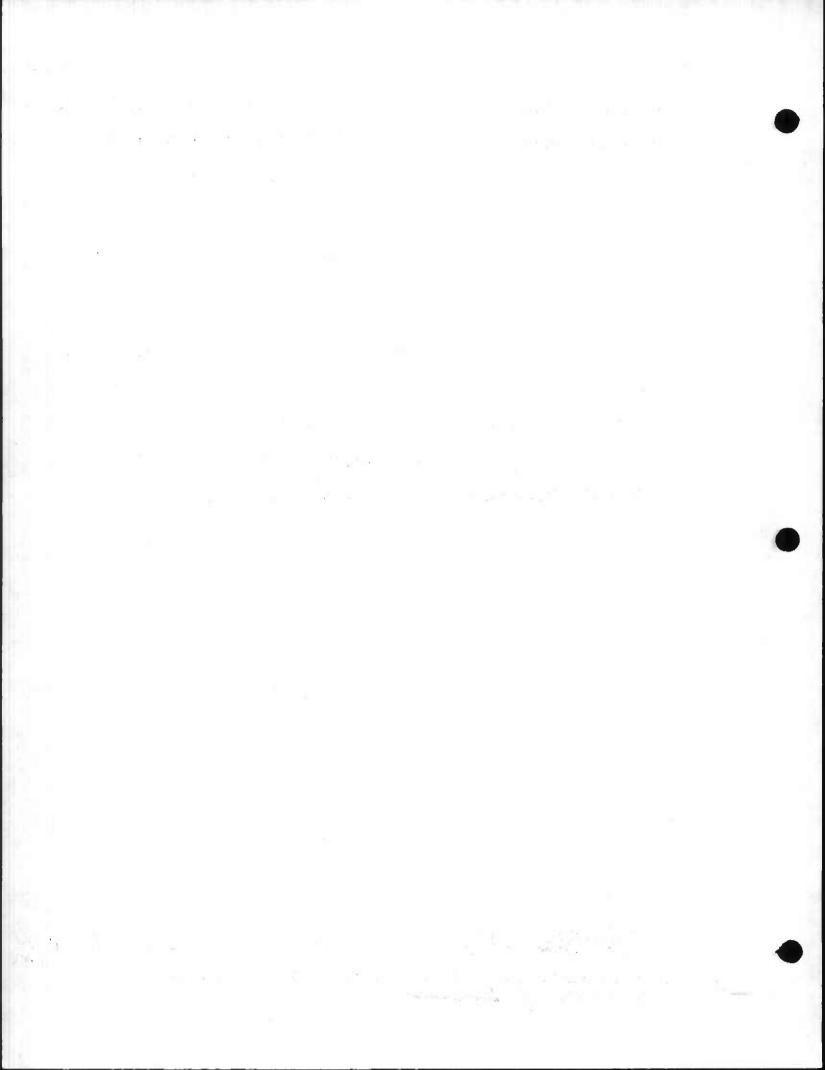
2 Accident

3 Suicide

29a. Certifier (Check only one)

4 Homicide

M.D. The Profitivaction Revolute

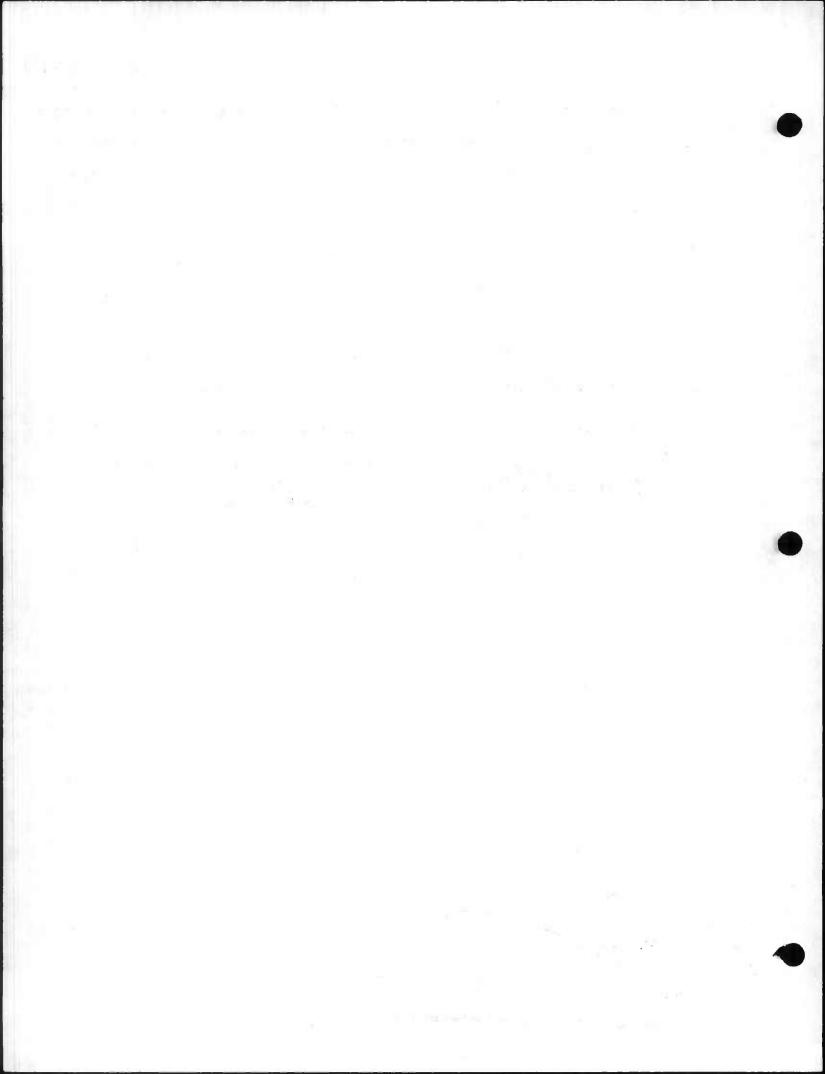


State of Maryland / Department of Health and Mental Hygiene

39310 Film G742 item 7,20b,c Per FH 12-27-96 rja Certificate of Death 1. Dacedent's Nema (First, Middle, Last) 2. Data of Daath Dey **Physician** Month Yeer TABET DECEMBER 23,1996 GHANDOURA 8:15PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 24 Hrs. If Undar 1 Year 5. Sociel Security Numbar 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Sex 1□M 2□F **Funeral** Months Hours Director Jan 6,1925 274-88-7727 Usual Residence of Decedent LEBANON the Maryland 10e. Stete 10b County 10c. City, Town or Location 10d. inside City Limits must be notified at MARYLAND BALTIMORE LUTHERVILLE Director 1 ☐ Yas X ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 1316 Malbay Drive 21093 Funerai USA death 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes ≥ DNo If Yes, Give Yeer or Dates: "natural", or items 13. Was Dacedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, Black, Whita, atc. filed within 72 hours after 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: WHITE 3 XWidowed 4 □ Divorced Pages 1 and 2 should be filed within 72 homen of Heelth and Mentel Hygiene.
ant: If Itam 27 is marked other than "natur ury or other traumatic event, tre Medical. Completed 15. Decedent's Education (Specify only highest grada completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Flementery/Secondary (0-12) College (1-4or 5+) N/A Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Be Ghanem Abi-Sleiman Haseba Tabet 19e. Intorment's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Sami N. Tabet/Son 1316 Malbay Drive, Lutherville, MD 21093
sposition (Neme of 200 Location - City or Town, Stata 20b. Plece of Disposition (Neme of comatery, crematory or of the process and the community of the process of the prospect Hill Lemetery 100 20e. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3 ☐ Ramovel trom Stete DEC Lutherville MD. permit. Page Department of Important: If any injury or 5 ☐ Other (Specify) Towson, MD 1996 22. Nema and Addrass of Facility
Lemmon Funeral Home of Dulaney Valley, Inc. 21. Signature of Euneral Service Ligaria ryan 10 W. Padonia Rd., Timonium, MD 21093 23e. Part1. Enter the diseasa, or complications that causad the deeth. Do not enter tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart tellure. List only one cause on each line. Approximate Intervel Betwean Onsat and Death **Physician** /Medical Immediete Ceuse (Finel IABETES disease or condition resulting in deeth) Examiner Due to (or es a consequence of): ocerchal INFARCTION The lew requires that the death certificate be executed the buriel-transit pue Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760, physician acture Physician/Medicai Due to (or as a consequence of): USB 85 23cular Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. deteched 23b. Did tobacco use contribute to the cause of death? signed by to be detect 1 Yes 20 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were autopsy findings evalleble prior to complation of cause of deeth? 24a. Wes en eutopsy performed? Completed peen has 250 No this certificate 1 ☐ Yes 1 Yas Attending Physicien: director 25. Wes case reterred to medical Be 26. Place of Deeth (Check only one) exeminer' 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 Inpatient 2 ER/Outpetlent 3 DOA funeral Certification: . Mennar of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Time of After Netural 2 Accident 5 Pending Investigation I or Attendin s efter deeth. I Director: Af 1 Yes 2 No 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours of To the Funeral D filled DECertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as stated.

2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piace, end due to the ceuse(s) and manner stated. dica 29e. Certifier (Check only b. Signature and title of certif 29c. License number 29d. Dete signed (Month, Dey, Year) D47762 12/24/96 ne and address of parson who completed cause of death (Item 23a) (Type, Print) 7801 York Rd Towson 21204 NICK MELLIS MA 31. Dete filed (Month, De), Year) 32. Registrer's Signatura State while Davidson Registrar

**DHMH 16 Rev 6/95** 



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Month Dey MINNIE TEET DECEMBER 22 1996 3:41 PM 4e. Facility Neme (If not institution, give street and number) 4b, City, Town, or Location of Death 4c. County of Deeth TOWSON, SAINT JOSEPH MEDICAL CENTER MD. BALTIMORE 6. Sex 1 □ M 2 ▼ F If Under 1 Year 7. Age (In yrs. lest birthday) If Under 24 Hrs Hours Min. 5. Social Security Number Birthpiece (State or Foreign Country) 221-05-2255 Yrs. DENTON, MD Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits NIA BALTIMORE 1 Yes 2 □ No MO MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21239 4648 MARBLE HILL ROAD 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Married 1□ Yes 2 No Specify: 3 ☑ Widowed 4 ☐ Divorced Specify: BLACK 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry B TH GRADE Coilege (1-4or 5+) HOUSEWIFE HOME MAKER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) MKNOWN MKNOWN 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) YOLANDA WASHINGTON (GD. DAUGHTER) 4648 MARBLE HILL RD., BALTO. MD. 21239 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State Dete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Remove from Stete 12/27/96 WILMINGTON, DE 4 ☐ Donetion 5 ☐ Other (Specify) RIVERVIEW CEMETARY 21. Signeture of Funeral Service Licensee 5151 Baltimore Nation of 22. Name end Address of Fecility Vaughn C Greene Fun er al Sarvices 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Deeth immediete Ceuse (Finel SEPSIS Due to (or es a consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert 23b. Did tobacco uss contributs to the cause of death? 3 Probably 4 Unknown 1 ☐ Yss 2 ☐ No

Physician /Medicai **Examiner** 

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**Physician** 

/Medical

Examiner

10e. Stete

**Funeral** 

Director

28a-f show

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permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, the Mental Earning any injury or other traumatic event, the Mental Earning.

Baltimore, Maryland 21215-0020

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24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy performed?

1 ☐ Yes 2X No

TOWSON, MD.

1 Yes 2 No

26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28c. Injury et Work? 28d. Describe how injury occurred 1 Tyes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) end menner steted.

29b. Signature and title of bertifier

29c. License number D 37284

29d. Date signed (Month, Dey, Year) 22-

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

BOON P. LIM,
Dete filed (Month, Dey, Yeer)
DEC 27 1996 State Registrar

ST. JOSEPH MEDICAL CENTER 32 Registrer's Signeture

DHMH 16 Rev 6/95

Division of Vital Records,

The law requires that the death certificate be executed P.O. Box 68760,

page 2 should peen director

After this certificate Attending Physician: al or Attending Physics after death.

It Director: After this ed in by the funeral di

To the Hospital o within 24 hours af

Medical

29a. Certifier (Check only one)

the statement well

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 39312 Certificate of Death 1. Decedent's Name (First, Middle, Last 2. Dete of Death 3. Time of Death 0 December 25 120 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Liberty Medical Center Baltimore If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) Months Days 1□M 2√2F 235-36-0314 81 Yrs. July 19 1915 WV Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Md. Baltimore 1 √Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7600 Clays Lane 21244 USA 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: white 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) office supervisor A & P 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Frank Haddix Clara Pitzer 19a. informent'a Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wallace Ball (son) 3 Beasman Ct. Randallstown, Md. 21133 20b. Piece of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) remetery, crematory or other piece) Fairfield Union Cemetery 1-4-97 Fairfield, Pa. 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Haight Funeral Home rarr P.O. Box 195 Sykesville, Md. ed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, se, or complications that Approximete Interval Between Onset and Death tmmedlete Cause (Final disease or condition resulting in death) Due to (or as a consequence of): 6 Due to (or as a consequence of): 23h. Did tobacco use contribute to the cause of death? 42 Unknown 1 Type 2 No 3 Probably 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy parformed?

**Physician** /Medical Examiner

physician and s the buriel-transit

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signed by the a

After this certificate has funeral director, page 2:

Hospital or Attanding Physician:

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Certification:

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The law requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760

**Physician** 

/Medical

**Examiner** 

Director

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Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelith and Mentel Hygiene. Important: If item 27 is marked other than "natural, or thems 23s or 28s-f show any injury or other traumatic avant, the Mexical Exerting Inter to market about.

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Physician/Medical

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

2 ANO

28d. Describe how injury occurred

20 No

25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

28c. injury at Work?

1 Yes

1 Yes 2 No 27. Menner of Death 28a. Date of Injury Naturel 5 Pending investigation 2 Accident 3 Suicide 6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and menner steted. 29a. Certifier (Check only one)

29b. Signature and tifle of certifier

4 Homicide

29d. Dete aigned (Month, Day, Year) 29c. License number

. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

2 🗆 No

(Month, Day, Year) EC27 199 State

32 Registrar's Signature

Registrar

UNK.96-286

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State of Maryland / Department of Health and I	Mental Hygiene	96	39313	
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st)	2. Date of Death		3 Time of Death	•

**Physicia** /Medica Examine

> ¿ Funeral Director

permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Madical Examiner mast be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

in Director: After this certificate has been signed by the attending physician end lied in by the funeral director, page 2 should be detached for use as the burial-transit Medical Certification: To Be Completed by Physician/Medical Ex

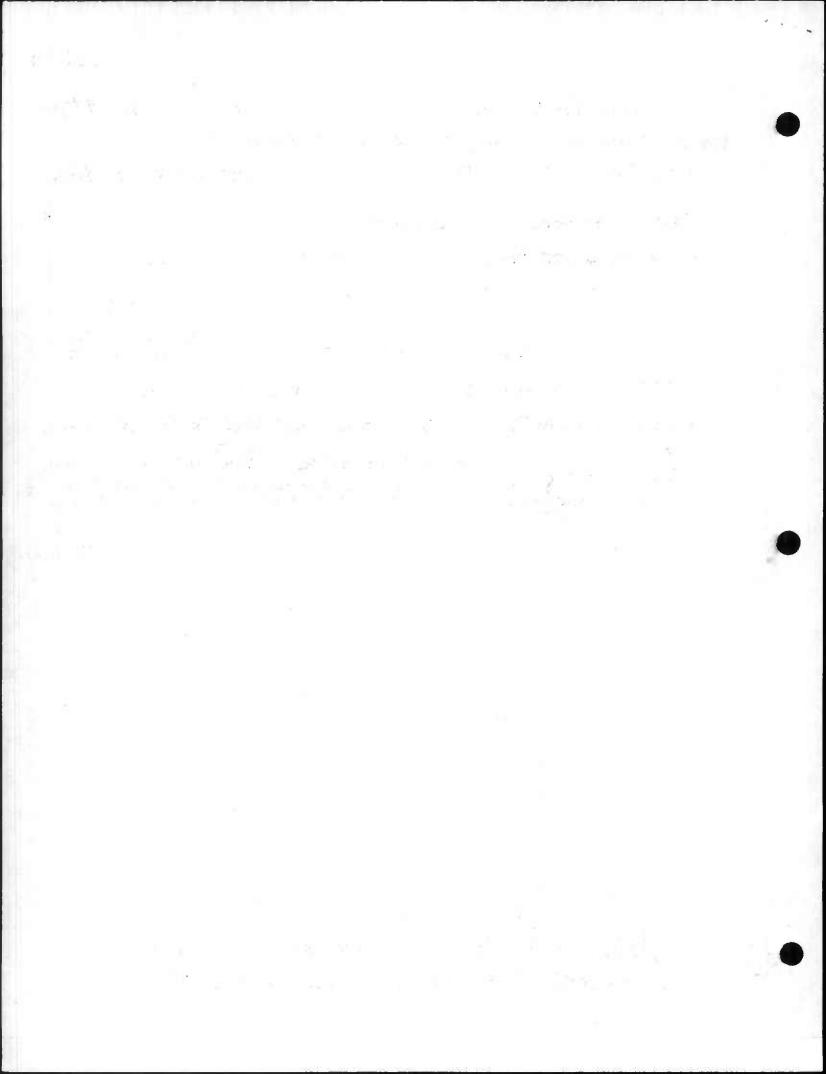
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213-84-6462 Usual Residence of Decedent	XM 2□F 35	Yrs.	Months Day	s Hours	Min.	(Month, Da April	14 196	Lour	shing	
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MD. n/a	Ba	ltimor	re					3	Yes 2	2 No
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MD. n/a  10e. Street and Number 2307 Sidney  11. Maritel Stetus 12 Never Merried 2 Married 3 Widowed 4 Divorcad	Armed Forces? 1 ☐ Yes 2 🕅 No If Yes, Give Year or Dates:	14.7	Yes, specify Cu ☐ Yes 2 <mark>X</mark> N	ban, Mexicar	n, Puerto i	Rican, etc.)	Bia	ck, White, y: Wh		
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Thomas L. Thor	mas, Sr.			F10	ren	ce M.	Sachs			
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1 □ Natural 5 □ Pending 2 □ Accident investigation 3 □ Suicide 6 🖾 Could not be	found 12-17-96	unknowi	n <sup>M</sup> 1	aryat ork? ]Yes 2.⊠Y	No UI	nknown	ow injury occur			
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29b. Signeture and title of certifier	1		29c. Licer	se number		2	29d. Dete signe	d (Month, L	Day, Year)	
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30. Name and address of person who com	pleted cause of death (item 2	23a) (Type, Pri	inf)					311		
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State Registrar 31. Date filed (Month, Day, Year) DEC 2 7 1996

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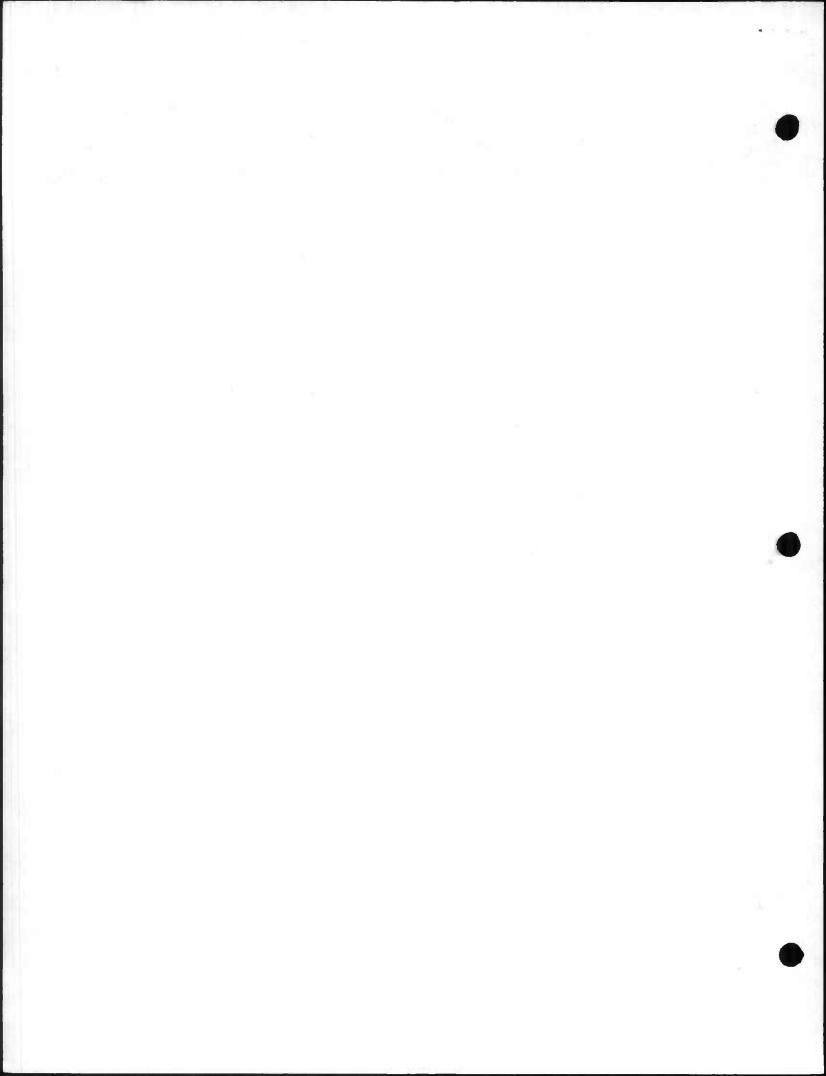
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2 5 5	Be Cor	13 YRS - t7. Fether's Neme (First, Middle, Last)	8 YRS.	P49	SICIST	18. Mother's Nam	e (First, Middle	FLOS RI Meiden Sumer	ne)	v.T.
Is marked o	0	19a. informent's Neme/Reletionship (7	TYPE, Print)	19b. Mailing	Addrass (Street	and Number or Rui		O AMA	State, Zip C	ode)
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18 -		29e. Certifier (Check only one)  1 Cartifying Physical Examination (Check only one)	ner: On the best of my knowner: On the basis of axaminet and manner steted.	vledga, daath oc ion and/or invest	curred et the tim igation, in my op	e, dete end placa, pinion, daath occurr	and due to the ed at tha tima,	ceuse(s) end me dete end place,	ennar es state and due to th	ed. e causa(s)
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2 Date of Death 3. Tima of Death **Physician** Month larion /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner of theses HMORR 5. Sociel Sacurity Number If Undar 1 Yaar Birthplace (State or Foreign Country) 6. Sax 7. Aga (In yrs. last birthday) 8. Date of Birth **Funeral** Days 1□M 2⊠F 465-44-3005 Yrs. Director with the Maryland 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at 1 Yas 2 No Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ Нете 23а Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ⊠Yes 2 □ No If Yas, Giva Yaar or Detes: Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indien, Black, White, etc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mantai Hygiane. Important: If them 27 is marked other than "naturel", or fee any injury or other traumatic avent. 1 □ Never Married 2 □ Married Specify: White 3altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 ☑ Widowed 4 □ Divorced Completed 16a. Dacedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacadant's Education (Specify only highest grade completed) 16b, Kind of Businass/Industry Collega (1-4or 5+) Elementery/Secondary (0-12) THURS 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surname) Be 19a. Informent's Name/Ralationship (Tygie, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) O'BRIEN Oversho 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from Stata Indiantaun Gap National 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Liceru 22. Nema and Addrass of Facility 23e. Part1. Entar tha disease, or complications that caused the death. Do not entar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cruse on each line. Approximate Interval Batween Onsat and Death **Physician** /Medical Immediate Causa (Final PNEUMONIA diseesa or condition rasulting In deeth) Examiner Due to (or as a consequence of): Examiner attending physician end for use es the bunal-transit tha deeth certificate be axecuted Sequentielly list conditions, if eny, laading to immadiate causa. Entar Underlying Causa (Disaasa or Injury that Initiated evants rasulting In daeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequança of) signed by the a d be detached f Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Ware autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed certificate has 1 ☐ Yas 2 No Attending Physician: 25. Was cesa refarred to medical 28. Place of Deeth (Check only one) axaminar? Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this furieral 27. Mannar of Death 28a. Deta of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: Atto 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant rector: 6 Could not be datarmined 3 Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1🗷 Certifying Physician: To the best of my knowledge, death occurred et the time, data and place, and dua to tha causa(s) and menner as stated. Medical 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Dey, Year) 30. Nema and a stress of person who completed cause of death (Item 23a) (Type, Print) NOR MD NAVI A Day door Ronaly 12 31. Data filed (Month, Dey, Year, State DEC 27 1996 Registrar

**DHMH 16 Rev 6/95** 



**Funeral** 

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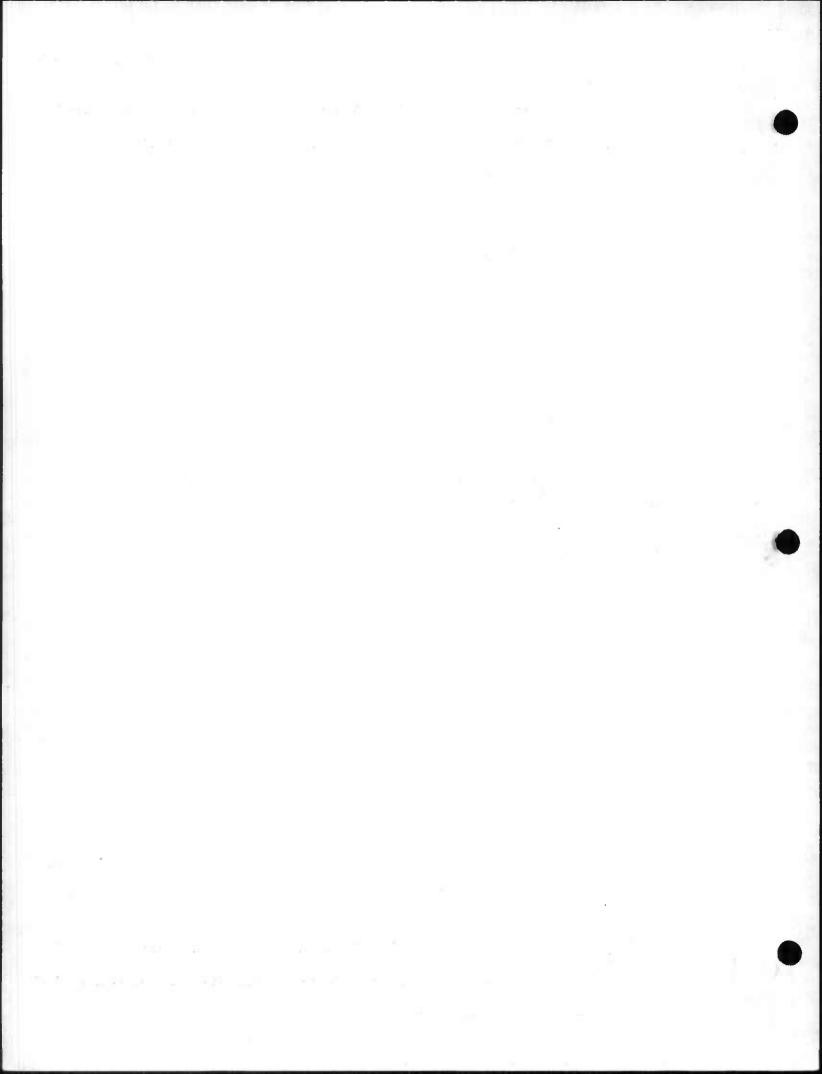
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Deta of Death 3. Tima of Death Day **Physician** Month Yaer PHILIP WECKESSER JR. DECEMBER 18,19965:00P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner OXON HILL 7701 OXON HILL ROAD PRINCE GEORGES If Undar 24 Hrs. 5. Sociel Security Number if Under 1 Year 9. Birthpleca (Stete or Foreign Country)
New York 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) X□M 2□F Months Deys Hours Unknown Yrs. Unknown Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 🎾 No Director Maryland Prince Georges Oxon Hill 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 7701 Oxon Hill Road S.E. 20021 Funeral USA 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes ≥ 2 Ñ No If Yes, Giva Year or Detes: Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Bieck, Whita, atc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Customer Representative Commercial Airline 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be 10 Paul P. Weckesser May Morse 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Angela Mollach/cousin 201 Garfield Place South Orange, NJ 07079 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State Metro Crematory, Inc. 12/27/96 Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee Dawn F. McDonald Cremation Society of Maryland, Inc. Honard 299 Frederick Road Baltimore, MD 21228 23a. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilura. List only one cause on aach line. Approximete Intervei Between Onset end Death Immediete Ceuse (Final disease or condition resulting in deeth) . ATHOROSCHOROPE CAMPIONASCHIM DIMASE Due to (or es e consequence of) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in daeth) Lest Due to (or es e consequença of): Physician/Medical Due to (or es e consequença of) Part II. Other significant conditions contributing to death but not resulting in the undariying cause given in Pert I. 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings avellable prior to completion of causa of death? 24e. Wes an autopsy performed? 2 | No 1 Tes 2 No Be 25. Wes case referred to medical 28. Place of Daeth (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 X Residenca 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28d. Dascribe how injury occurred 28b. Time of 28e. Dete of Injury (Month, Dev Year) 28c. Injury et Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Sulcide 28e. Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurat Route Numbar, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as stated.

Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, death occurred et the time, dete and plece, and due to the cause(s) and menner stated. 29a, Certifier 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Dey, Year) O.C.M.E. DECEMBER 19,1996 d address of person who completed cause of death (Item 23a) (Type, Print) B. Korver MM AMMIN 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Day, Year) DEC 27

32. Registrer's Signature a veridon-Randello



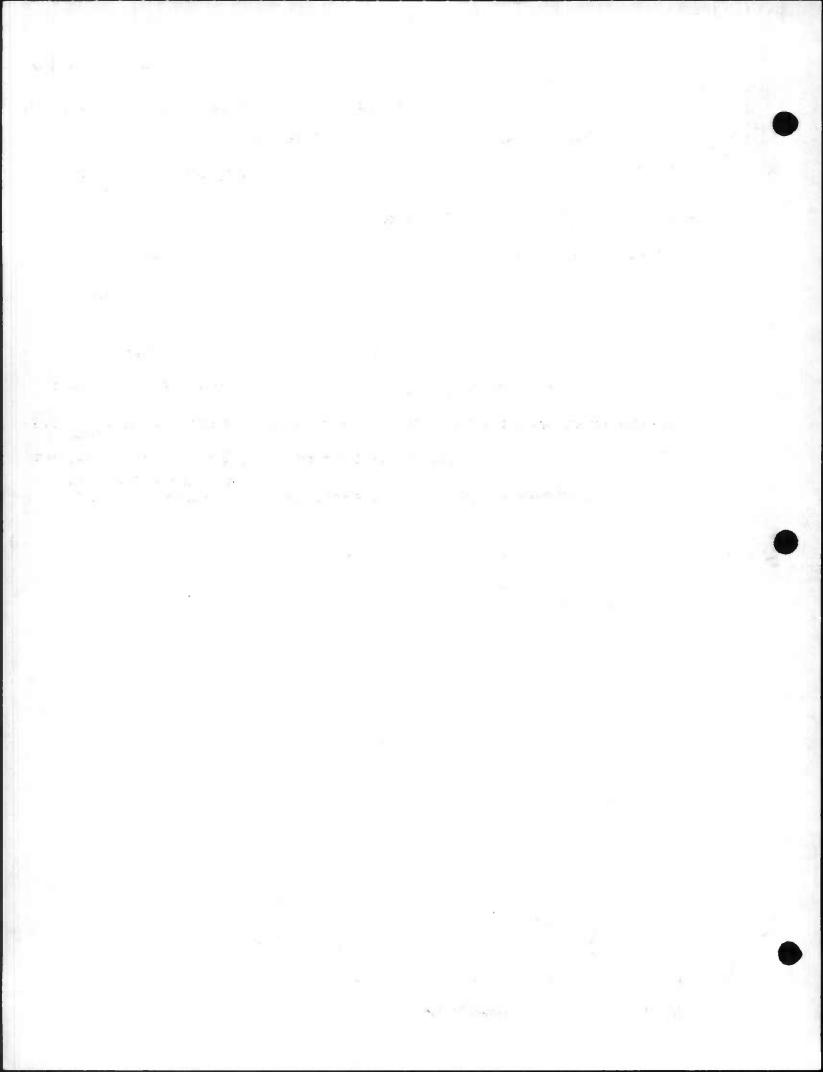
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Data of Death **Physician** Month Margaret Wright December 3:00 A.M. /Medicai 4a. Facility Name (If not institution, giva street and numbar, 4b. City, Town, or Location of Death 4c. County of Daath Examiner 1925 Christian Street Baltimore N/A | H Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | July 10, 1927 5. Social Sacurity Number Birthplace (Stata or Foreign Country) 7. Age (In yrs. last birthday) Funerai 1 ☐ M 2 ☑ F Yrs. 214 22 1672 Director 69 Mary land Usual Residenca of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 X Yes 2 No Maryland N/A Baltimore 10e. Straat and Number 10f. Zip Code 10g. Citizen of What Country? ò 1925 Christian Street 21223 Негля 23а II.S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No if Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black. White, etc. 72 hours after 1 Navar Married 2 N Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 A No Specify: à 3 Widowed 4 Divorced Specify: White "natural", Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Pages 1 and 2 should be filed within nent of Haalth and Mental Hygiena. nrt: If Item 27 Is marked other than ' Elementery/Secondary (0-12) College (1-4or 5+) Nurse Hospital 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Willett Ada Margaret Russell James Franklin Russell 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 1925 Christian Street Francis Wright Sr. / husband Baltimore, Maryland 21223 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any Injury or once. 12/30/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Gonce Funeral Home P.A. mamer 4001 Ritchie Highway Baltimore, Md. 21225 23a. Phri 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Batween Onsat and Death Physician immediate Cause (Final disease or condition resulting in death) /Medicai Concinoma S CERVIX 1400V Examiner Due to (or as e consequence of): Examiner pelvic meters tens is 0 Ca Cenviv Extensive The law requires that the death certificate be axecuted physician and s the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury thet initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of) attending p signed by the all d be detached for P.O. Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. ð 24b. Were autopsy findings Completed 24a. Was an autopsy avallabla prior to completion of causa of deeth? performed? page 2 has 1 Yes 2 No certificate 1 ☐ Yas 2 ☐ No al or Attending Physician: T is aftar death.

I Director: After this certifical ed in by tha funeral director, p Be 25. Was cese referred to medical examiner? 26. Plece of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Presidence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 Neturel 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation 2 Accident 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signatura and titla pi certifier 29c. Licensa number 29d, Data signed (Month, Day, Year) D30494 10126/1996 30. Name and addissof person who completed ceuse of death (Item 23e) (Type, Print) Baltmare MD MY 660 wilkons Are K. DESAI 31. Date filed (Month, Day, Year) 32. Registrer's Signature State DEC 27 1996 Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene Q 6

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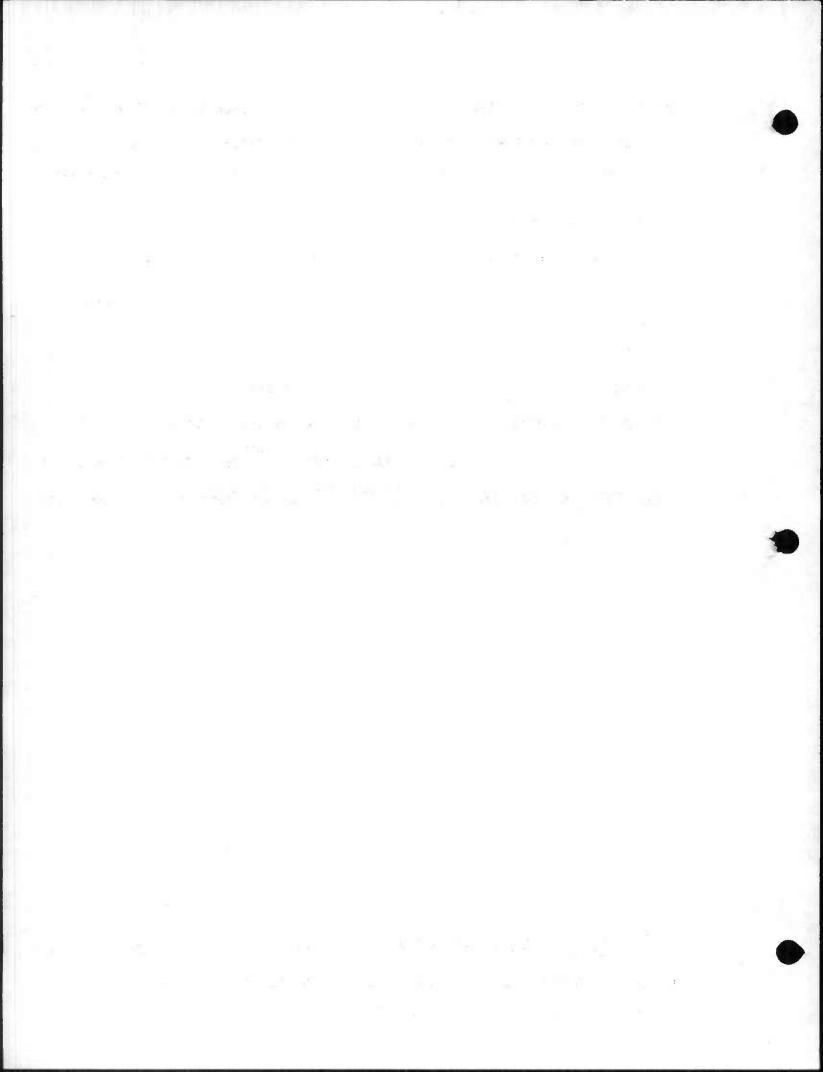
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WILLIAM M. RUSSELL, MD

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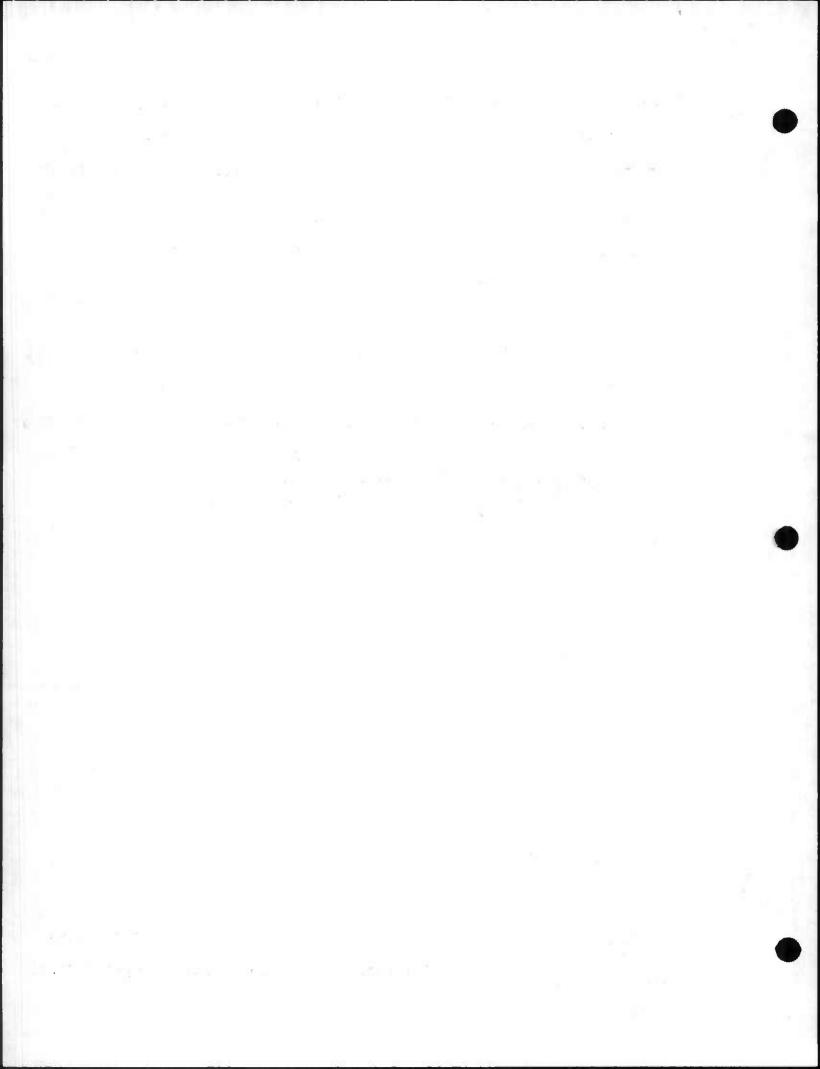
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re, Maryland ZIZIS-UUZU  s i end 2 should be filed within 72 hours efter death with the Maryland f Health and Mental Hygiene. fem 27 is marked other than "netural", or frems 23a or 28a-f show other traumatic event, the Medical Examinal man be inclined.	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)	ducetion ade completed) Coilege (1-4or 2 Years		(Give kir life. DC	nt's Usuel ( nd of work NOT use acher	done o ratireo	etion during most of wor l)	king	16b. Kind of E	Business/In	dustry
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29b. SIGNATURE AND THELE OF CENTRAL

1996

31. DATE FILED (Month, Day, Year)

DEC 27

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

2801

32. REGISTRAR'S SIGNATURE

a Davidson-Randell

96 39321 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 96 YEAR Marly JAMES 1530 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Formion 1 MM 2 | F 76 004 51 BUAFORD CA 9a. FACILITY NAME (If not instituted 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HORIZON RESIDENCE OF SPEC NIA BALTIMORE 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STREET GLENWCOD 21239 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify 5dban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: BLACK 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Glum kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ive kind of work done Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5 +) OCCUPATIONAL HEALTH TH GRADE STATE MARYLAND YEARS notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) WILLIAMS EDWARD KIRKLAND BE WINNIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) COURT APPOINTED 2 \* 2B MARTINA WILLIAMS BALTIMORE GUARDIAN MO 21207 must be 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE JARRISON TOREST 4 Donation 8 Other (Specify) WINGS MILLS. EMETARY the medical examiner 21. SIGNATURE OF FUNERAL-SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
VAUGHN C. GREENE FUNERAL SERVICES BALTIMORE NATL' PIKE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or hasrt failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition Trumereis Day resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): APIRATION marked, or item 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate Bran cause. Enter UNDERLYING ORRanic WON whow CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE guran eag GERD 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN M 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 - Realdence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

39322 Certificate of Death 2 Date of Death 3. Tima of Death 23 1996 eer 400 AM Month Dec.

physician and s the burial-transit certificate be executed Box 68760. 88 for use es signed by the e P.O. Division of Vital Records, The law requires Jas page certificate

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certification better filled in by the funeral director,

/Medical Medicai 0

1. Decedent's Nama (First, Middle, Last) **Physician** Robert Philip Willet /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 12635 Howard Lodge Drive Sykesville Howard If Under 1 Yaar 5. Sociel Security Number 6. Sax If Undar 24 Hrs. 8. Deta of Birth (Month, Day, OCt. 31 7. Aga (In vrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** 1919 ₩ 2 D F Months Days Hours 77 Yrs. 578-07-7193 Oct. Maryland Director Usual Residence of Decedant 10a, Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or flems 23a or 28a-f ahow treumetic event, the Medical Examiner must be notified at Director 1 Tyes 2 No Sykesville MD Howard the 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 21784 USA 12635 Howard Lodge Drive Funerai death 12. Was Decedant Evar in U,S. Armed Forcas? 1 □Yas 2 □ No if Yas, Giva Yaar or Datas: WWII Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If fam 27 is marked other than "naturel, or fren eny injury or other treumatic event, tre Medical Expension 1 Nevar Married 2 Married 1 Yas 2√2 No Specify: Specify: white by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Western Electric 12 Business Manager 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Mary Robey Aubrey Willet 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) 12635 Howard Lodge Dr. Sykesville MD 21784 Elsa O. Willet (wife) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burlal 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) 12/26/96 Sykesville MD Lake View Mem. Park 22. Nama and Addrass of Facility Haight Funeral Home 21. Signatura of Funarai Servica Licanges P.O. Box 195 Sykesville MD 21784 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** Immediata Causa (Final disease or condition rasulting in death) LOCKMANAZ Examiner Examiner Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disaasa or Injury Due to (or as a consequence of) Physician/Medical that initiated evants rasulting in death) Lest Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was en autopsy 24b. Were autopsy findings avallable prior to completion of cause of deeth? parformed? 1 Yas ,2 No 1 ☐ Yas 2 ☐ No

Be 25. Was case refarred to madical exeminar? 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1□ Yes 2□ No Other: 4 Nursing Homa S Rasidence 6 Othar (Specify) Certification: To 28a. Data of Injury (Month, Dey Year) 27. Mannar of Daath 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 1 Netural 5 Panding invastigation 1 Yas 2 No 2 ☐ Accident 6 Could not be 3 ☐ Suicide 28a. Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 4 Homicida 29a. Cartiflar Certifying Physician: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only

29b. Signeture/end titla of certifiar

29c. License numbar

29d. Date signed (Month, Day, Year)

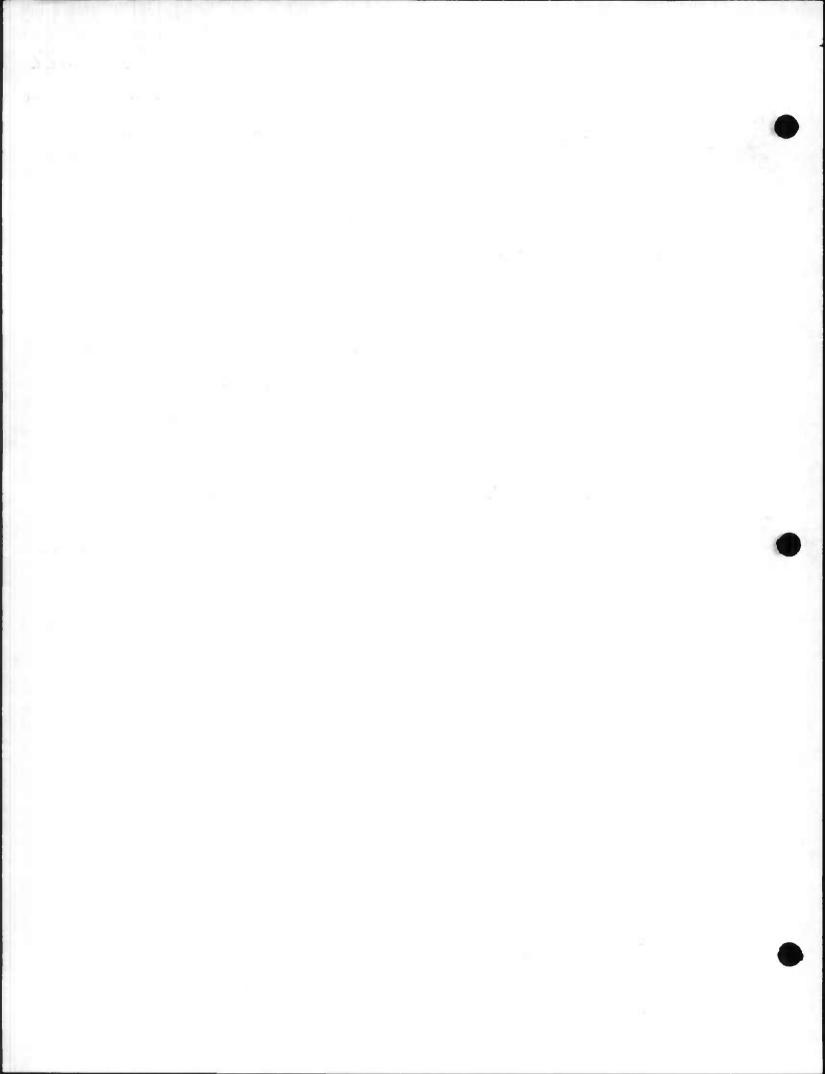
30. Name and eddrass of parson who complated causa of deeth (Item 23e) (Type, Print)

HAOLES 3466 EVELOTT CERES ON 31. Deta filed (Month, Dey, Year)

32. Ragistrar's Signeture white Davidson

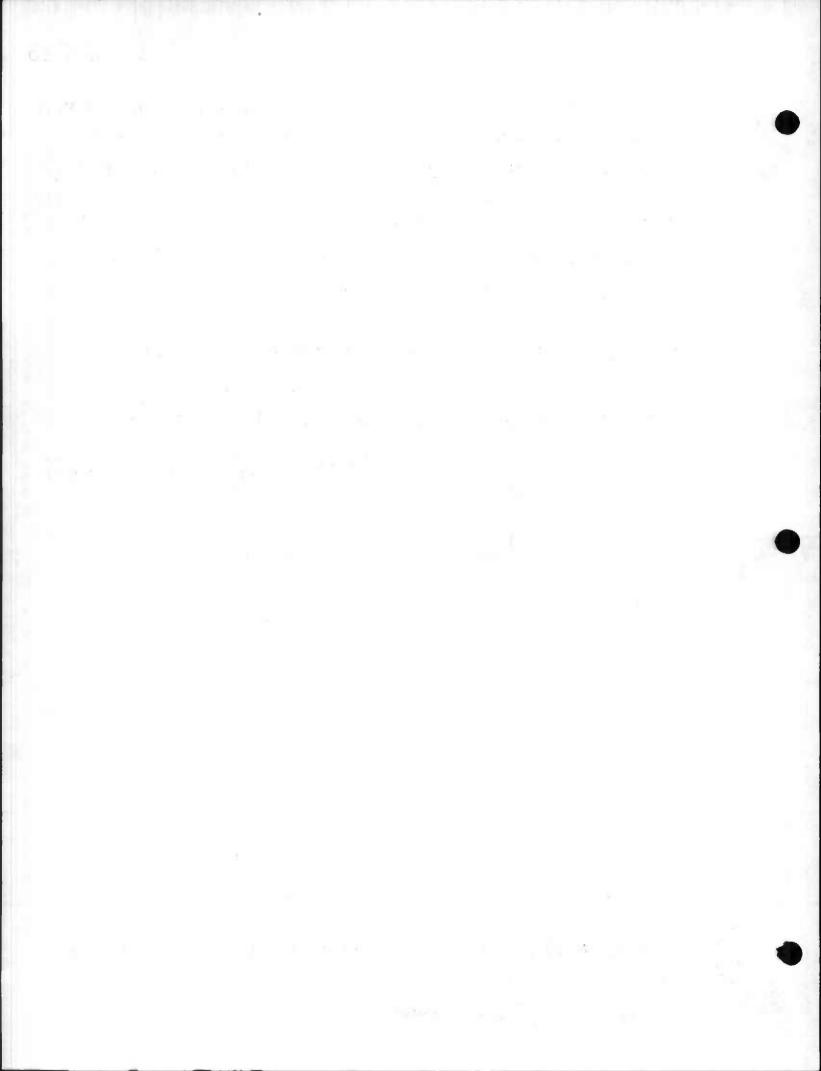
State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 39323

						Ce	rtificate of	Death		В	eg. No.		0 3 0 2 0
Dhyala	ion	1. Decedent's Name (First, i	Aiddle, La	ist)					1:	2. Date of Deat Month	-	Year	3. Time of Death
Physic /Medi		Deloris Yo	ung							December			6:34 PM
Exami		4a. Facility Name (If not inst							n, or Loca	ation of Death	4c. Count		1
		Union Memo	rial	Hospita	1			Baltin	nore	City		NI	A
Funerai Director		5. Sociel Security Number 147-24-6121		Sex 7 1 □ M 2√√√F	7. Age (In yrs. la: 5	st birthday) 2 Yrs.	If Under 1 Year Months Days		Hrs. 8	B. Date of Birth (Month, Dey, May 19,	Year) 1944	9. Birth	place (State or Foreign
pu *		Usual Residence of Decede 10a. State 10b. Co			10a Citu	Town or Lo	anting.						
death with the Maryland ms 23e or 28=f show	-	Tou. State			Toc. City,			~~\/					10d. Inside City Limits
N P	Director	MARYLAND	N/	A		BALI	IMORE CI	ΙY					1) Nes 2□No
E S	F	10e. Street and Number					10f. Zip Code			1	0g. Citizen of	Whet Cou	ntry?
ath w	a	1813 E. 30th	Str					1218			U.	S.A.	
	Funeral	11. Maritel Status		Armed Force		. 13.	Was Decedent of If Yes, specify Cut	Hispanic Origin an, Mexican, F	n? (Spec Puerto Ri	ify Yes or No- ican, etc.)		ce - Ameri	cen Indien, etc.
0 ta 6	by	1 ☐ Never Married 2 ☐ 3 ☐ Widowed 4 🛱 Divo		1 Tes 2 If Yes, Give Yeer or Date	No les:		1□ Yes 2XX\o	Specify:			Specif		
15-00.72 hours	Completed	15. Dec (Specify only h	dent's Ed	ducation ade completed)		16a. Dece	dent's Usual Occu	pation during most o	of working	7	16b. Kind of B	lusiness/in	odustry
within within than	npi	Elementery/Secondary (0-	-	College (1-4	4or 5+)		kind of work done DO NOT use retire						
d 212 filed withi Hygiena. rither than	S	12th grade		2yrs		She	et Metal				Steel		ustry
Maryland 2 d 2 should be filed v h and Mental Hygie 7 is marked other t traumatic event, to	Be	17. Father's Name (First, Mic	idie, Last	)						First, Middle, M		me)	
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event,	P	John H. Lee								ottrell			
Aar 2 sh and 1s m		19a. Informent's Neme/Rela					ng Address (Stree						
		Donita Holco	mb/D	aughter			E. 30th	St.,	Balt	imore,	Maryla	nd 2	1218
\$ 550		20a. Method of Disposition ★XBuriai 2 ☐ Cremai	ion 3 [	Removel from St	0.00	ce of Dispo netery, cren	sition (Name of natory or other pla	ice)		Date :	20c. Location	- City or T	own, State
E 88 8 7		4 Donation 5 Oth				NG ME	MORIAL P	ARK	12	/21	BALTIM	ORE,	MARYLAND
Baltin permit. Pa Departmen Important: any injury		21. Signature of Fineral Ser	vice Licer	1896 )	1								UNITY F/H
<b>©</b> 88 5 5 8		Ma		( )	Val	0				W. NOF			
		23a. Part1. Enter the disees shock, or heart feilure.	e, or com	plications that cau	used the death.	Do not ent	er the mode of dv	no. such as ca	rdiac or	respiratory arre	est.		Approximete
Physician	0	shock, or heart feilure.	List only	one ceuse on eac	ch line.								Interval Between Onset and Deeth
/Medical		Immediate Cause (Final		0		, (		,					4 1
Examiner		diseese or condition resulting in death)		· Kespir	atory ta	ilure t	10m Chro	onic Obs	truct	ive Pulm	Day Dis	C450	10 days
	ē				Due to (or a	11000	uence of):						10 days
nsit nsit	듄			b. Cardi								1	10 days
y yascu n and al-tra	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events			Due to (or a	s a conseq	uence of):						
68760, ficata be ay physician as the burial	ie	Cause (Disease or injury	~	c									
. Box 68760, death certificate be executed e attending physician and id for use as the burfat-transit	Medical	resulting in death) Lest			Due to (or e	s a conseq	uence of):						
OX (certification)	8			d									
BO) leath ce attendi	clar											1	
	Physician/	Part II. Other significant con	ditions o	ontributing to deat	th but not resuiti	ing in the ur	nderlying ceuse gi	ven in Part I.		23b. Did to	bacco use co	ntributs t	o the cause of death?
P.O.										1 🗆 Ye	s 2 No	3 ☑ Pro	bably 4 Unknow
0 % 5 8	by												
cord v require been si should is	Completed									24a. Was ar perform		ev	ere autopsy findings allable prior to
S ≥ 00	ple									1 7		of	mpletion of cause death?
The law ate has b	On									1□ Ye	s 2KINo	1[	Yes 20 No
Of Vital Physician: The this certificate ral director, pag	Be	25. Was cese referred to me	dicai					26. Piace of	f Deeth (	Check only on	e)		)
Of VITA Physician: this certific ral director,	To	exeminer? 1 ☐ Yes 2 ☑ No		Hospitel:	atient 2 EF	VOutpatien	t 3 DOA Ott	200		5 Reside		ner (Specil	(v)
On of Vita  ling Physician: h.  After this certific funeral director,		27. Menner of Deeth		28a. Dete of (Month,		8b. Time of	28c. Inju Wo			d. Describe ho			,,
Division  or Attending after death. Director: After d in by the fune	Certification:	1 ☑ Natural 5 ☐ Pe 2 ☐ Accident inv	nding estigation		Dey Year)	Injury		nk≀  Yes 2∐No					
Visio	Mic	3 ☐ Suicide 6 ☐ Co	uld not be emined	286. Place of	Injury - At home	e, farm, stre	et, fectory, office		28	f. Location (Str	reet and Numb	ber or Run	al Route Number,
affer affer d in by	ert	4 Homicide		building	, etc. (Specify)					City or Town	, State)		
Hospital 24 hours Funeral rely filled		29a, Certifier 1 ♥ Cert	fying Phy	ysician: To the be	est of my knowle	adge deeth	occurred at the ti	me date and n	alace and	d due to the ce	use(s) and me	annar ac e	tated
Hos 24 h Fur etely	edicai	(Check only 2 Med	cal Exam	niner: On the basis	is of examination	and/or inv	estigetlon, in my	pinion, daath	occurred	at the time, de	ete and piece.	and due to	the cause(s)
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After gompletely filled in by the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral presents of the funeral	Me	29b. Signeture end title of car	tifier				29c. Licens	se number		29	d. Date signe	d (Month	Day, Year)
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		pydia	Z. 6	Jest, MI				24399	343		de cembe	1/8	,1996
7		30. Name and address of per	7	,									
2			est				HOSPH	91					
Sta		31. Dete filed (Month, Day, Y	,	32. Reg	istrar's Signetur	2							
Registr	ar	DEC 2 7 19	96_	61 minus	audson-1	analos							



State of Maryland / Department of Health and Mental Hygiene 96 39

			Certificate of Death	Reg. No.	96 39324
ı	Physici		1. Decedent's Name (First, Middle, Last)	2. Dete of Deeth Month Dey	3. Time of Death
	/Medic Examir		4e. Fecility Name (If not institution, give street and number)  4b. City, Town, or Local	ition of Deeth 4c. C	County of Death
			LIBERTY MEDICAL CENTER BATTIMOR		NIA
L	Funeral Director		5. Sociel Security Number  6. Sex 10 M 2 F 7. Age (In yrs. lest birthdey)  Wonths Deys Hours Min.  Usuel Residence of Decedent	B. Dete of Birth (Month, Dey, Year) UNC //, /90	9. Birthplece (State or Foreign Country)  OCAND
	nyland how		10e. Stete 10b. County 10c. City, Town or Location		10d. Inside City Limits
	the Marylan 28s-f show	ector	MD NIA BALTIMORE		1⊠Yes 2□No
	23a or 2	D	10e. Street end Number 10f. Zip Code 2/2/5		on of What Country?
	ter death	Funeral Director	11. Meritel Stetus  12. Wes Decedent Ever in U.S. Armed Forces?  13. Wes Decedent of Hispanic Origin? (Specific Yes, specify Cuban, Mexican, Puerto Ric		I. Rece - American Indien,
5-0020	0 0 0	by	1 Never Merried 2 Married 1 Sees 2 No If Yes, Give Yeer or Detes: WWII 1 Yes 2 No Specify:		Specify: WHITE
15-0	n 72 hours "natural",	Completed	15. Decedent's Education 16a. Decedent's Usuef Occupation (Specify only highest grade completed) (Give kind of work done during most of working	16b. Kind	d of Businass/Industry
2121	filed withir Hyglana. ther than ent, the M	dmo	Elementery/Secondery (0-12) College (1-4or 5+) life. DO NOT use retired)  Tailor	Col	ARMENTS
	be filed ttal Hygid d other event, n	Be C		First, Middle, Meiden St	
Maryland	2 should be filed within end Mental Hyglana. Is marked other than aurmatic event, the Mental than a sumatic event, the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental than the Mental	To	Mordechai Bein Hinda		CKER
Ma	end 2 st salth end n 27 is n		19a. Informant's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street and Number or Rural F  MOR decha Zucker (Son 3904 57RATh More	Ave - BAZ	
ore,	-155		20e. Method of Disposition 20b. Pleca of Disposition (Neme of		ation - City or Town, Stete
altimore			4 Donetion 5 Other (Specify) OLD MONTEFIORE 12-2	26-96 St. Al	lbans, New YORK
Ball	pemit. Pag Department Important: I any injury o		21. Signature of Funeral Service Interessed  22. Name end Address of Fecility So 8900 Fe ISTer \$10	L shed	21208
	-		23a. Pert 1. Enter the disease, or complications the death. Do not enter the mode of dying, such as cardiec or r shock, or heart feiture. List only one cause on each line.	respiratory arrest,	Approximate interval Between
	Physician /Medical Examiner		Immediete Ceuse (Finel disease or condition resulting in deeth)  e. Septicamia		Onset and Deeth  Un Kudun
		Jer	Objeto (or as a consequence of):		51.12.
	ocuted ind transit	Examiner	Sequentially list conditions,  Due to (or es e consequence of):		my Kugur
68760,	icate be executed physician and s the buriel-transit		Sequentially llst conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury c.		1
	T (0 0)	Physician/Medical	that initieted events resulting in deeth) Last Due to (or es a consequenca of):		
Box		and	d		
0	the deeth ce y the attandir ached for use	yslc	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco un	se contribute to the cause of death?
S, P.	thet ded det	by Ph	Prostatic Cancer	1   Yes 2	No 3 Probably Unknown
Record	pe- peed shou	Completed	De hydrater	24e. Was an autopsy performed?	y 24b. Were autopsy findings available prior to completion of cause of death?
	0 - 5	Com	Coronary Artery Disease	1 □ Yes 2 📈	No 1□Yes 30 No
Vital	Physician: The this certificate rail director, page	Be	25. Was case referred to medical examiner?	Check only one)	
of	Phys this rai di	: To	27. Manner of Deeth 28e. Dete of Injury 28b, Time of 28c. fnjury at 28c.	e 5 Residence 8 (	
ion	Amiding P denth. letter: After by the funer	atlor	2 Accident investigation M 1 Yes 2 No		
Division	ather de Diffecto ed in by th	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	f. Location (Street and i City or Town, Stete)	Number or Rurel Route Number,
-	Hoop 24 ho Furner fely fill	edical	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and check only one)  2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred and manner stated.	d due to the cause(s) er at the time, date end p	nd manner as stated. lace, and due to the cause(s)
	within 2 To the comple	Med	29b. Signature and title of certifier 29c. License number	29d. Dete	signed (Month, Day, Year)
			14. (2) let M.D. D22583	Dece	ember 25, 96
	V		30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)	600 Lib	esty Heights
	C+0	to	Hatez Lrebect, 40 Are Balt 31. Dete filed (Month, Dey, Year) & 32 Registrer's Standard	Ave	2/12/50
	Sta Pegistr		DEC 0 7 1006 Cule Dandon-Name		

State of Maryland / Department of Health and Mental Hygiene

39325 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Daath 3 A. M Month Vee **Physician** Gustav Zwanzig December 24 1996 /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner | LUTHELVIII | S. Date of Birth | Months | Days | Hours | Min. | Month, Day, Year) | Feb. 24, 1915 8504 Valley Field Rd. Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1⊠M 2□ F Yrs. 218-10-0703 81 Director Usual Residence of Deceden Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified Director 1 ☐ Yes 2 ☑ No Baltimore Lutherville the 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? ò Herna 23a 8504 Valley Field Rd. 21093 death IISA 12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, The Medical Examiner Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 Yes 2 No Specify by Specify: 3 ☐ Widowed 4 ☐ Divorcad White "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 10 Machinist Old News American marked other Vith and Mental Hw 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Otto Zwanziq Josephine Romero 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) of Heelth : If item 27 ls Mrs. Evelyn Zwanzig/wife 8504 Valley Field Rd. Lutherville, Md. 21093 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State ☐ Burial 2 Cramation 3 ☐ Ramoval from State ò permit. Page Department of Important: If any Injury or 4 Donation 5 Other (Specify) Hilltop Service Corp. 12/30/96 Towson, Md. 21. Signal a of Funaral Service Ligarian 22. Nama and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deet **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): Box 68760. Physician/Medical the Dua to (or as a consequence of) ettending p P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen page 2 has certificata 1 Yes 20 No 1 ☐ Yes 2 ☐ No of Vital 25. Was case referred to medical examinar? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 this al or Attending Physics after death.
It Director: After this et in by the funeral d 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: Division Natural 2 Accident 5 Pending Investigation 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office bullding, etc. (Spacify) 4 ☐ Homicide within 24 Hours a 29a, Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical and manner stated. To the 29b. Signature and title of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa numbar 120 Sister Dierre Mr. Towson Md who completed cause of deeth (Item 23a) (Type, Print) . Suite 506 Rober 31. Date filed (Month, Day, Year) DEC 27 1996 32. Registrar's Signature State Registrar

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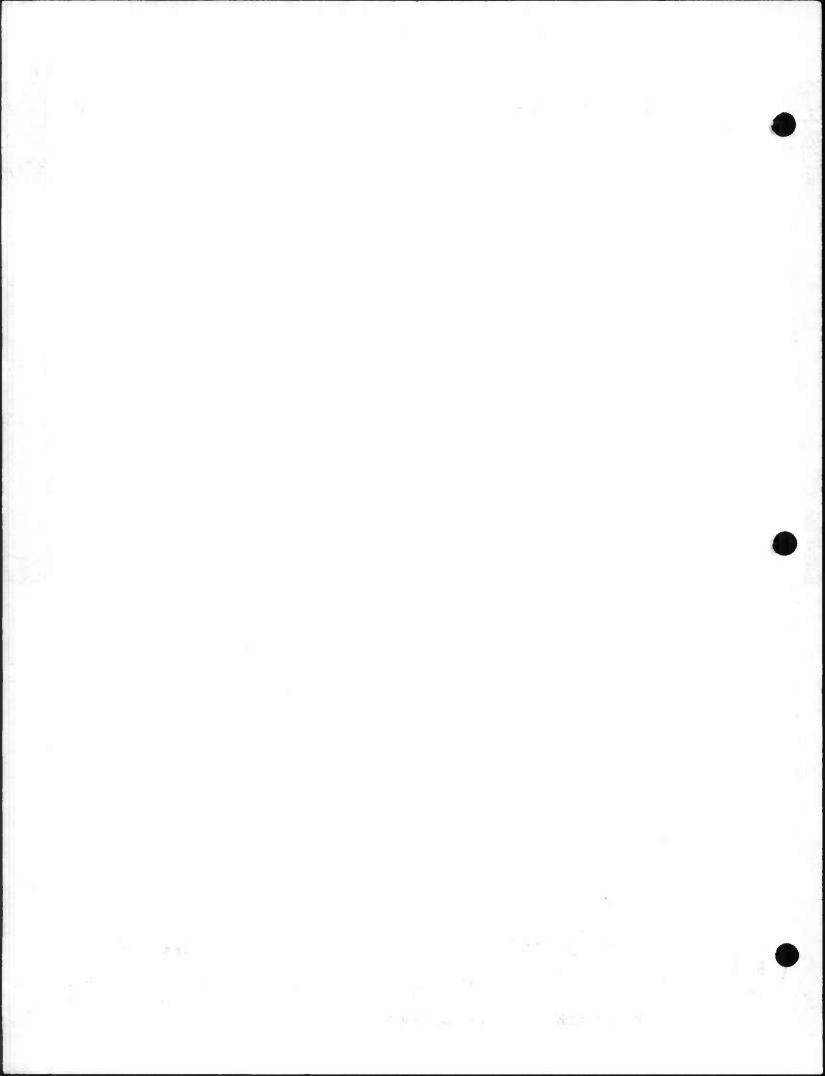
State of Maryland / Department of Health and Mental Hygiene

39326 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth December 21, 1996 **Physician** Joseph J. Attwell, Jr. 2:57AM /Medical 4e. Fecility Neme (If not institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Laurel Regional Hospital Prince George Laurel If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthpiace (Stete or Foreign Country) ₩ 2 F Deys Yrs. Director 333-12-7306 85 10-9-1911 0klahoma Usuei Residence of Decedent 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Prince George Maryland Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 8705 Dulwick Court, Apt. 22 Items 23s 20708 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1XXYes 2□No If Yes, Give Yeer or Dates: WW II 11. Marltel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Healin and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, IIIs Medical Earn's any injury or other traumatic event, IIIs Medical Earn's any injury or other traumatic event, IIIs Medical Earn's any injury or other traumatic event, IIIs Medical Earn's any injury or other traumatic event, IIIs Medical Earn's and IIIs Medical Earn's and IIIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs Medical Earn's and IIs M 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No b 3 ☐ Widowed 4 ☐ Divorcad Specify: Black. Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6 Attorney/Judge Legal 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Joseph J. Attwell, Sr. Anna Perry 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Cordelia J. Attwell 8705 Dulwick Court, Apt. 22 Laurel, MD 20708 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Balt-Wash Crematory 4 Donetion 12-26-1996 Laurel, Maryland 21. Signature of Funeral Service Licansee 22. Name end Address of Fecility
Fleck Funeral Home, Inc. 7601 Sandy Spring Road Laurel, MD 20707 23a. Pert1. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Finei disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760. requires that the death certificate be Physician/Medical å Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy findings evallable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? 28 NO 1 ☐ Yes 2 ☒ No Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 1 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Atter 5 Pending investigation 1 Yes 2 No To the Hospital or Attendi within 24 hours after death To the Funeral Director, A 2 ☐ Accident death 6 Could not be determined 28e. Piace of injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) à 4 Homleide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piace, end due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end manner stated. 29a. Certifier Medicai (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed, (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) 14 Baltonere Ave. Camel 40 20707 Pettr 1291 Sta 32 Registrar's Signeture 31. Date fled (Month, Dey, Year)
DEC 3 0 1996 State Registrar

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8 = 5		20e. Method of Disposition 1	ý)	ceme	of Disposition ( tery, cremetory) I ISRAEI	or other piec	12/	29/1996	BALTIM		
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requires that the death certificate be executed  Example of the attending physician and be detached for use as the burlal-fransit	n/Medical Examiner	Immedies Cause (Finet disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immedieta ceuse. Enter Underlying Cause (Disease or injury thet initieted events resulting in deeth) Last	o. Failure  b. Brain  c. Rortic L  d. Aorti	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to (or es de Due to	pond to a consequence	presso reboal on: -, lutra	- suppo l ano	rt - termin	ad hypoth	eusian	Onset and Death  3 hrs  1 day  1 day  hrouic
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To th within To th	Me	29b. Signeture and title of certifier	lomo	7		29c. License	number		29d. Dete signed Det / 2	1 (Month, D	lay, Year)
1)6		30. Name and address of person who  Neal W. Sad  31. Data filed (Month, Day, Year)	lomen, J	Ohns Kl	Type, Print)	anliac	Assoc.	2411 WE	st Belue	lere,	Baltimore, 1 21215
Sta Registi		DEC 3 0 1996	Luta L	trer's Signeture	andess				suite	SOZ	01613



#### Please Type or Print In Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39328 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Year 96 3. Tima of Death **Physician** 50 December 24 ugena /Medical 4a. Fecility Neme (If not institution, bive street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 0 29 bei e or 8. Date of Birth (Month, Dey, If Under 1 Yeer 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Months Deys Min. 215-05-587 Usual Residence of Decedent Hours 1 M 2 □ F 7 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland 1 Yes 2 No Director 10e. Street and Numbe 10g. Citizen of What Country? 10f. Zip Code 212 112 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Merital Status 14. Race - American Indien. Bleck, White, etc. 1 Never Married 2 Merried 1□Yes 2×No ۵ Black 3 Widowed 4 □ Divorced Yeer or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry /Secondary (0-12) Collecto (1-4or 5+) bores 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) 19e. Informant's Name/Relationship (Type, Print) (daughter) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Place of Disposition (Name of comptery, gremetory, or other place) ther to 20e. Method of Disposition Date, 20c. Location - City or Town, State 12 Burial 2 Cremation 3 Removal from State 1 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Lidensee 22. Name and Address of Facility Funeral Hi Ave. Bal Joseph 2222 455 Home 2 North Md. 21216 f. Finar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Immediate Cause (Final disease or condition resulting in death) Due to (or es a consequence pf) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Due to (or as a consequence of): Physician/Medicai Due to or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 DUnknown 1 Yes 2 No þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed 1 Tes 2 No 1 Yas 2 No 25. Was case referred to medical examiner? 1 Yes 2 No Be 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending Investigation

physician and the burial-transit Division of Vital Records, P.O. Box 68760. ettending 950 ò ed by the e signed by t been si After this certificata has To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica funeral director, stely filled in by the

**Funeral** 

Director

tem 27 is marked other than "natural", or items 23e or 28s-f show other traumstic avent, the Medical Examiner must be notified at

injury or

**Physician** /Medical

Examiner

any ir

semit. Peges 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hygiene. Important: If Nem 27 Is marked other than "natural", or items 23

Baltimore, Maryland 21215-0020

the Maryland

1 Yes

2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certiflei (Check only one)

2 Accident

3 ☐ Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated.

29b. Signature and title of cort

29d. Date signed (Month, Dey, Year)

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) Zvebeet

6 Could not be determined

State Registrar

Medical

31. Date filed (Month, Dey, Year) DEC



Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39329

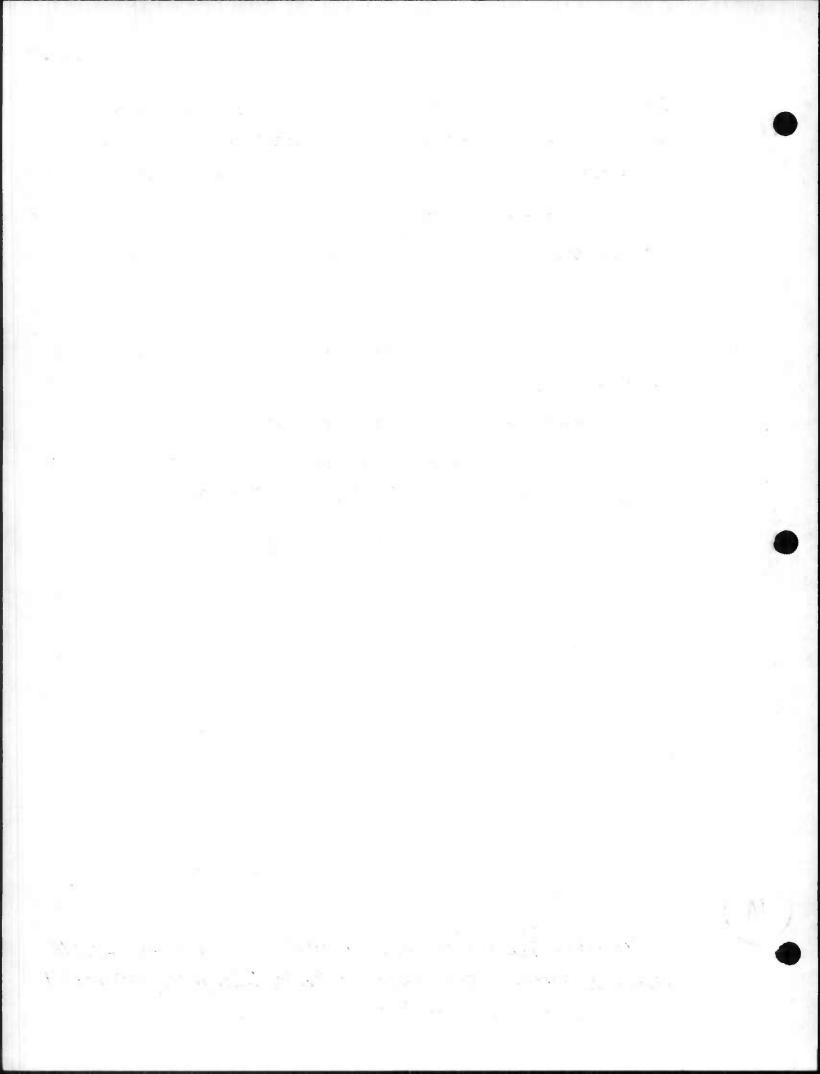
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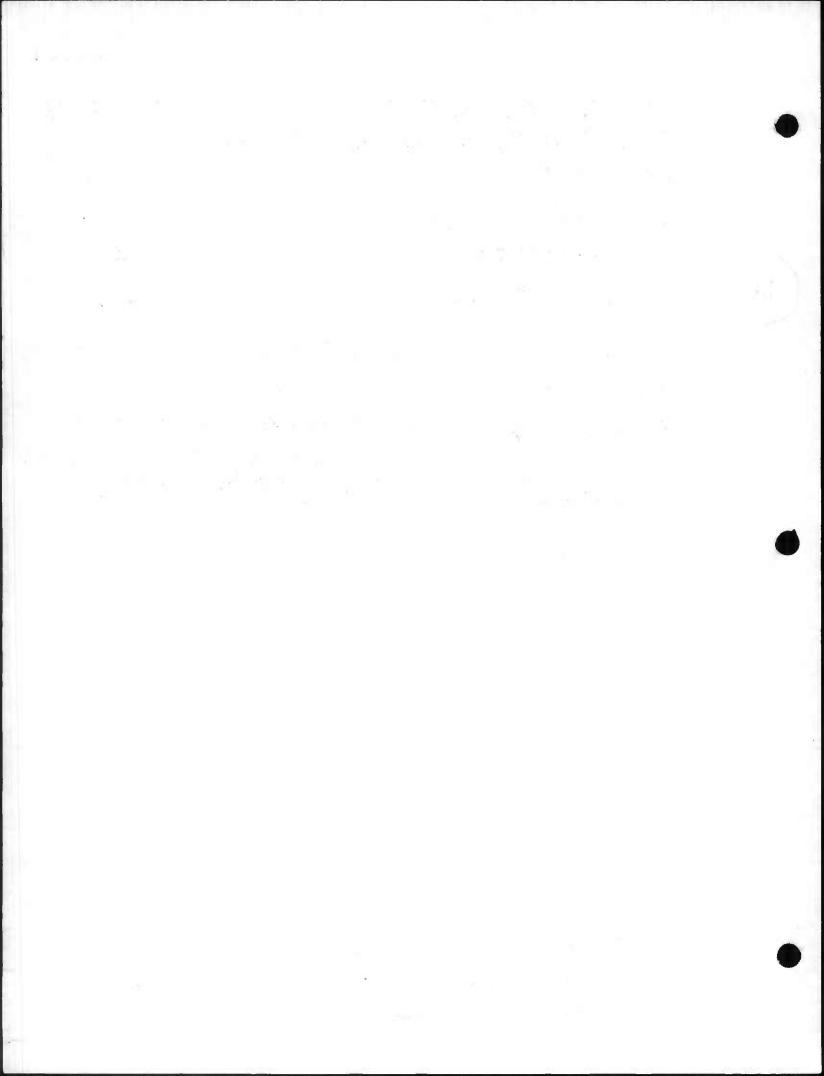
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ary	2 should end Men is marke aumatic	-	19e, informant's Name/Ralationship (Ty	pe, Print)	19b. Ma	ling Address (S	Street	and Number or Run	ai Routa Numbe	r, City or Town,	Stata, Zip	Coda)
_	ロミトロ		Martha Allmond/	wife	20	1 Main	ı S	t Balti:	more,	MD 21	222	
ore	of Heal of Heal fitem 2 r other		20a. Mathod of Disposition  CCSurial 2 ☐ Cramation 3 ☐ R	ammuni from State	20b. Placa of Disp cematary, cr	oosition (Nama amatory or othe	of ar piac	ce)	Data	20c. Location -	City or To	wn, Stata
Ē	Pages mant of ant: If its ury or o		4 Donation 5 Othar (Specify)	emovel from Stata				metery	12/31	Smit	hfie	eld, VA
saltimore,	permit. Pages Department of Important: If it any injury or o		21. Signature of Funaral Sarvice Licanse	18		22. Nama and						
	E 2 2 0 2		James (	Wheeles		James 1701 I	A.	MOrto rens St	n & So Balt	ns Fun	eral	L Home
			23a. Part1. Enar tha disaase, or compli shock, whaart failure. List only on	cations that caused in a cause on each line	ha daath. Do not a	ntar tha moda o	of dyin	ng, such as cardiac	or respiratory arr	ast,		Approximata Interval Batween
	Physician /Medical											Onset and Deeth
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,	executed n and iel-transit	Еха	Sequentially list conditions, if eny, leading to immediate		oua to (or as a conse	equance of):						3 mon Xhs
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×	eath certificate be executed attending physician and for usa as the buriel-transit	in/Medical	rasulting in death) Lest		dium dit	,	001	ltis			/	monxh
	0 0 0	sicia	Part ii. Other significant conditions con	tributing to death but	not resulting in tha	undarlying caus	sa giv	an in Part i.	23b. Did to	obacco use co	ntribute to	the cause of death?
٥, ٦,٠	v requiras that tha death ce been signed by the attendi should be detached for use	by Physician/	prostate cancer						1 🗆 Y	es 2 No	3 Prob	ably 4 Unknow
ecords,	The law requiras that tha sta has been signed by the page 2 should be detached	Completed	cardiomyopathy						24a. Was a perform	n autopsy med?	eva	ore autopsy findings aileble prior to applation of ceusa death?
		Con	non-insulin depen	dant diab	etes inc	11/105			1 □ Y	es 2 No	1 🗆	Yes 2 No
= =	ertific setor,	Be	25. Was casa rafarred to medical axaminar?		.,,			26. Pieca of Death	(Check only or	na)		
5	Physician: The lev this certificata has al director, page 2	2	1 Yas 2 No	ospital: 1 Inpatian			Oth	4 Li Nursing Ho	ne 5 ☐ Rasida	anca 6 Oth	ar (Specify	)
	Attending Physician: r deeth. ector: After this certific by the funeral director.	Certification:	27. Mannar of Deeth 1 Shaturei 5 Pending 2 Accident invastigation	28a. Date of Injury (Month, Day	Year) 28b. Tima injury	of 28c.	injun Worl	yat k? Yes 2 □ No	28d. Dascribe h	ow injury occur	red	
5	m therd	Certific	3 ☐ Suicida 6 ☐ Could not ba 4 ☐ Homicida datarmined	28a. Place of injur building, atc.	y - At homa, farm, s (Specify)	traat, factory, o	ffice		28f. Location (Si City or Town	treet and Numb n, Stata)	er or Rurai	i Routa Number,
1	A Pund	ledicai	29a. Cartifiar (Check only one) 1 Certifying Physical Examination (Check only one) 2 Medical Examination (Check only one)	iclan: To the best of er: On the basis of e and manner stete	xamination and/or in	th occurred at the nvestigetion, in	ha tim my op	ne, dete and placa, a pinion, deeth occurre	and dua to the co	ausa(s) and ma ata and place,	nnar as sto and due to	ated. the cause(s)
\	O NO.	N.	29b. Signetura and titla of certifiar	Zum	an m			ircle E	1	9d. Dete signal	er 2	7. 1996
		2	30. Name and address of person who do		oth (item 23a) (Type	Print)		2 1	211			
			SUSAN 215MM	JN 55	05 Bai	1 view	1 (	ircle t	sultim	01e, 1	ND.	21224

State Registrar SUSAN 216MAN
31. Date filed (Month, Day, Year) 32 DEC 3 0 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 6:55 96 /Medical 4b. City, Town, or Location of Deeth Eacility Name (If not Institution, giva street and number, 4c. County of Death Examiner TI MORE NURSING +KE If Under 24 Hrs. 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex Date of Birth 6-1920 9. Birthplace (State or Foreign (Month, Day, 6-1920) **Funeral** 1 10 M 2□ F Days 226-18-4119 Usuel Rasidenca of Decedant Director 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 2 Yas 2 □ No TIMORE Director 28a-1 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? mg-23a or All De Funeral 12. Wes Decedent Evar in U.S. Armed Porces? Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married 1 GYas 2 No If Yas, Giva Yeer or Detes: WWII 1 Yas 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education ify only highest grada complated) 16b. Kind of Business/Industry the Me Elamantary/Sacondary (0-12) Collega (1-4or 5+) Hygiana flled Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surname) Be Pages 1 and 2 should be nent of Health and Mental marked 2 19a. Informant's Name/Raletionship (Type, Print) 19b. Meiting Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Department of Health as Important: If item 27 is any injury or other trau . 20b. Place of Disposition (Nama of pemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1 Bunal 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Futieral Service Licenses 1000 Part Ether the Gease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or shock or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Cause (Finel Cancer diseasa or condition rasulting in daath) Examiner Due to (or es a consequança of) Hospital or Attending Physician: The law requires that the death certificate be executed
the Abours after death.
 Funeral Director: After this certificate has been signed by the attending physician and
letely filled in by the funeral director, page 2 should be detached for use as the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disease or injury that initiated evants resulting in death) Last Dua to (or as a consequence of). Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequance of): Pert II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown λq 24b. Wara autopsy findings available prior to complation of causa of death? Dembitus 24a. Was an autopsy performed? Completed Anemia 1 🗆 Yas 1 Yas 2 No Disease 25. Wes casa rafarred to medical axaminar? Be 26. Place of Deeth (Check only ona) Other: 42 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mennar of Death 28a. Data of Injury (Month, Day Year) edical Certification: 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Tima of 5 Pending investigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicide Certifying Physician: To tha best of my knowladga, deeth occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and dua to the cause(s) and mannar stated. 29a. Certifian within 24 ho To the Fune completely fi To the 29b. Signetura and titla of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) 42683 30. Name and addrass of person who complated cause of deeth (Item 23a) (Type, Print) W NORTHERN RADCLIFFE M. THOMAS M.D. PICWY, BALTIMORE 4000 212/3 31. Data filed (Month, Day, Yaar) DEC 3 0 1996 22. Registrar's Signetura State ul Davidson-Randell Registrar



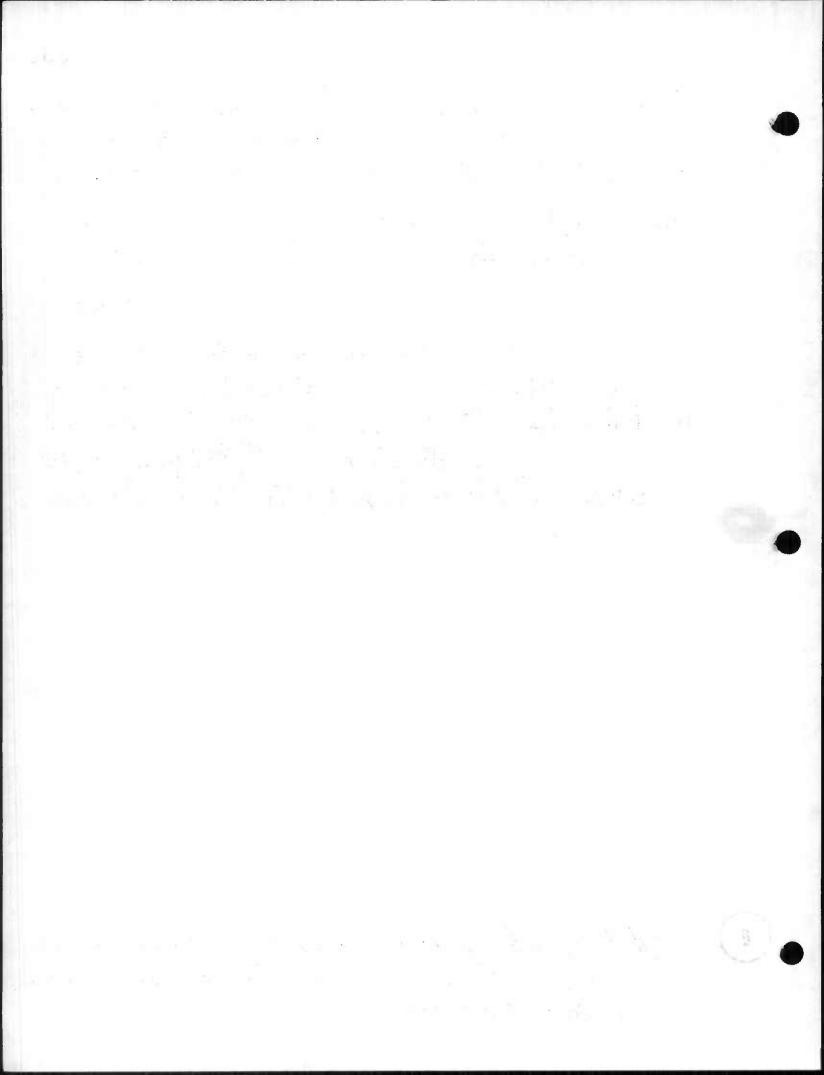
State of Maryland / Department of Health and Mental Hygiene 96

							Cei	rtificate o	t Death			Reg. No.		
			1. Decedent's Nam	na (First, Middla,	Last)						2. Data of De			3. Tima of Death
	Physici		FT	HEL	BERE	NSON				r	Month	Day	Yaar Q /	5.30 Pm
	/Medie Examir		4a. Facility Nama (						4b. City. To Randa I	wn, or L	ocation of Death	4c. County	of Death	3.
			NORTHW	EST HOSE	PITAL CE	NTER			BAL	PIM	RE		1	BALTIMORE
	Funeral		5. Social Security N		Sax	7. Aga (In yrs. i	last birthday)	If Undar 1 Ya		24 Hrs. Min.	8. Data of Birt (Month, Da	th v. Year)	9. Birthp	laca (Stata or Foraign
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	ith the Marylan or 28a-f show	Scto	MD		ALTIMORE				IGS MIL	LS				1 Yas 2 No
	£ 6	Director	10e. Street and Nu	mber				10f. Zlp Code	1			10g. Citizen of 1	What Cour	ntry?
	ath v	Funeral	216 MID	PINES CO		PT. 1-D			21117				S.A.	
	er de	nue	11. Marital Status		Armed F		S. 13.	Was Decedant of f Yas, specify C	if Hispanic Ori uban, Maxicar	igin? (Sp n, Puarto	ecify Yas or No Rican, atc.)	- 14. Rad Blad	e - Amaric ck, Whita,	
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D	filed flygi	ŭ	17. Fathar's Nama		st)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18. Moths	ar's Nam	a (First, Middla,			
an	d be ed be	o Be		USIL			RUBENS	2me TNI		EIN				Or. Tay
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Z	d 2 sith or 17 is trau			EICHTMAN		HTER		4IDPINES		# <b>1</b> -I		S MILLS		21117
9	Hee Hee		20a. Mathod of Dis		, , ,	20b. P	lace of Dispo	sition (Nama of		11	Data	20c. Location -		
no	ages ont of		M Buriai 2	☐ Cramation 3 5 ☐ Other (Spe	Ramoval from	Stata	1000	natory or other p	olace)		0 (00 (0			
Baltimore. Maryland 21215-0020	orthun Artan Injur		21. Signatura of F		•	MOL	NT ZIO	Nama and Add	trees of Easilis		12/29/96			
Ba	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla popertment of Heelth end Mental Hygiene. Important: if them 27 is marked other than "natural", or frems 23s or 28s-f show any injury or other traumatic event, the Medical Event for must be notified once.		b /	-11-	Vn /	140				SOI	LEVINS			
	_		A	an 1	11. W	ner					Road Pi		e, M	
		// 1	23a. Part1. Entar t shock, or has	ine disaasa, or co int failura. List on	ily ona causa on	caused the death each line.	n. Do not ant	ar tha moda of c	lying, such as	cardiac	or respiretory as	rrest,		Approximete Interval Batween Onsat and Death
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	Examiner		disassa or condition	on	8.	LEREP	SRON	ASCUL	AR	AC	CIDE	MT		5 DAYS
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P.0	the c	Physician	Part II. Other signif	neant conditions	contributing to t	seath out not rast	Jiding in tha U	ndariying causa	givan in Part i	r.				the cause of death?
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Division of Vital Records,	Attending Physician: The law requires thet the death or death.  sctor: After this certificate has been signed by the etter by the funeral director, page 2 should be detached for u										24a, Was	an autopsy	24b. Wa	ara autopsy findings
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of	Phys ral di	- To	1 ☐ Yas 254 27. Mannar of Deat	•	198		ER/Outpatien 28b. Tima of	I 3LI DOA	4 LI NU	ursing Ho	oma 5 ☐ Rasio	dance 8 Oth		y)
U	ing Ph h. After th funeral	Certification:	1 Netural	5 Panding		of Injury oth, Day Year)	Injury	V	vork? ☐ Yas 2 ☐	No	Zou. Describe i	10W Injuly occur	160	
S	death ctor: A	cal	2/☐ Accident 3 ☐ Suicide	Invastigat	he	o of Inlune. At he	ma farm at			140	28f Location /	Street and Numb	one or Dum	I Routa Number,
.≥	Or A Birec	ET.	4 Homicide	datermine	build	e of Injury - At ho ling, atc. (Specify	) )	вет, тастоту, отпо	28		City or Tox	vn, Stata)	er or nura	r nouta Number,
	Hospital or Attend n 24 hours efter death in Funeral Director; pletely filled in by the		29a. Cartiflar	TE Cartifying	Physician: To th	a best of my know	uladaa daath	occurred at the	time date en	d place	and due to the	anuan(a) and mu		Inted
	24 h	edical	(Check only one)	2 Medical Ex	aminer: On the I	pasis of examination	ion and/or Inv	estigetion, In m	y opinion, daa	th occur	red at tha tima,	date and place,	and dua to	tha causa(s)
	7	M	29b. Signatura and	titla of certifiar	4114	THE STETOG.		29c. Lica	insa number			29d. Data signe	d (Month.	Dav. Year)
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	(")			Α					, ,					5, 1996.
	7		30. Nema and	of person wh	o complated cau	sa of deeth (Item	23a) (Type,	Print)	Α.			D		21133. STWN M
			JOGINI	DER F	MEHTI	A MOR	3MME	STHOS	MATH	CE	NTER	KUNI	SALLS	m munt
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	negisti	ai -		4	.443	7.11								

State of Maryland / Department of Health and Mental Hygiene

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					Certificate of	f Death	Reg. I	No.	O	0 0 0 0 0
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	Physic /Medi		Harold	Barnes			December	24)	1996	7:15 m
5	Exami		4e. Fecility Neme (If not institution, give street at	nd number)		4b. City, Town, or Lo	cation of Deeth	c. County of	Deeth	
			Gilchrist Cente			Baltimo	12	130/4	timi	Ye .
	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. last b	Months Days	r If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Yes	17)1 - 9	9. Birthple	ece (Stete or Foreign
	Director		000 10-5100 1	51	Yrs.		Dec. 4, 19	45 1	vort	Carolina
	and **		Usuel Residence of Decedent  10e. Stete 10b. County /	10c, City, To	wn or Location				10	d. Inside City Limits
	Mary 1 sh	Ö	Maryland NIA	R	Himam					1 NYes 2 No
	the 288	Director	10e. Streel end Number	La	10f. Zip Code		100.6	Citizen of Wh	et Count	
	ours after death with the Manylan sl., or items 23a or 28a-1 show Examiner must be notified at		1521 Pontridge	RA	21	229		110	SA	
	death	Funeral	11. Maritel Status 12. Wes	Decedent Ever In U.S.	13. Was Decedent of	Hispenic Origin? (Spe ban, Mexican, Puerto F	city Yes or No-	14. Reca -	America	n Indian,
0	x ite		1 Never Merried 2 Married 1	ed Forces? Yes 2 No			Rićan, etc.)		White, e	
02		by	3 ☐ Widowed 4 █ Divorced Year	s, Give or Dates:	1 □ Yes 2 No	Specify:		Specify:	Bla	r.K
21215-0020	i within 72 hours iena. r than "natural", I're Medical Evi	Completed	15. Decedent's Education (Specify only highest grede comple	16e	e. Decedent's Usuel Occu	ipetion	16b.	Kind of Busi	iness/Ind	ustry
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an	ould be f Mental It arked of artic eve	Be	TI	- 6 010	'	18. Mothers Neme	(First, Middle, Melde	n Sumeme)	D.	
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Z a	end 2 sho saith end n 27 is m		Ms Hattie Rus	[ (Friend)	b. Mailing Address (Street	1 1	Houre Number, City	or Town, St	tete, Zip (	
e,	- 7 5 5		20e. Method of Disposition		of Disposition (Name of	riage T	Date / 20c.	Location - Ci	ity or Toy	2/239 m. Stete
MO	Pages nent of H int: If ite iry or of		1 Buriel 2 □ Cremetion 3 □ Removel 4 □ Donetion 5 □ Other (Specify)	rom Stete cemes	ery, crematory or other pla	eca)	131/96 / 1	ined	4111	o Md
Baltimore,	artu artu linju		21. Signejuse of Funeral Service/Licensee	0.0	22. Name end Addr	ess of Fecility	FIRE	1154	000 1	ie, ma.
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			23a. Pert / Enter the disease, or complications to shock, or heart failure. List only one ceuse	het caused the deeth. Do	not enter the mode of dy	ing, such es cardiac or	respiretory errest,	alto,	IVIa	Approximete
1	Physician	0. 4	snock, or near rapure. List only one couse	on eech line.						Intervel Between Onset end Deeth
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п	Examiner		resulting in deeth) e.		consequenca of):					5 - 4/3
	pe is	ine	, b							
	certificete be executed nding physician end use as the burial-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	Due to (or es e	consequenca of):					
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>	or Att after d Direct 1 in by	Certification:	determined 200. F	leca of Injury - At home, fe ullding, etc. (Specify)	erm, street, factory, office	21	3f. Location (Street & City or Town, Ste	ind Number te)	or Rurel i	Route Number,
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	S F F E	edicai	2 Medical Examiner: Un tr	ne basis of examinetion en	id/or Investigetion, in my	opinion, deeth occurred	at the time, dete er	id place, and	due lo l	he ceuse(s)
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1	4)		A Anthony K	iley m	.D. Do	15205	Dec	embe	er 2.	5, 1996 Md 2120
	1		30. Name and address of person who completed	cause of geath (Item 23e)	(Type, Print)		00	0 0	_	
	N		W. A. Riley	BMC	6701	N. Chm	les St.	BAL	10.	Md 2120
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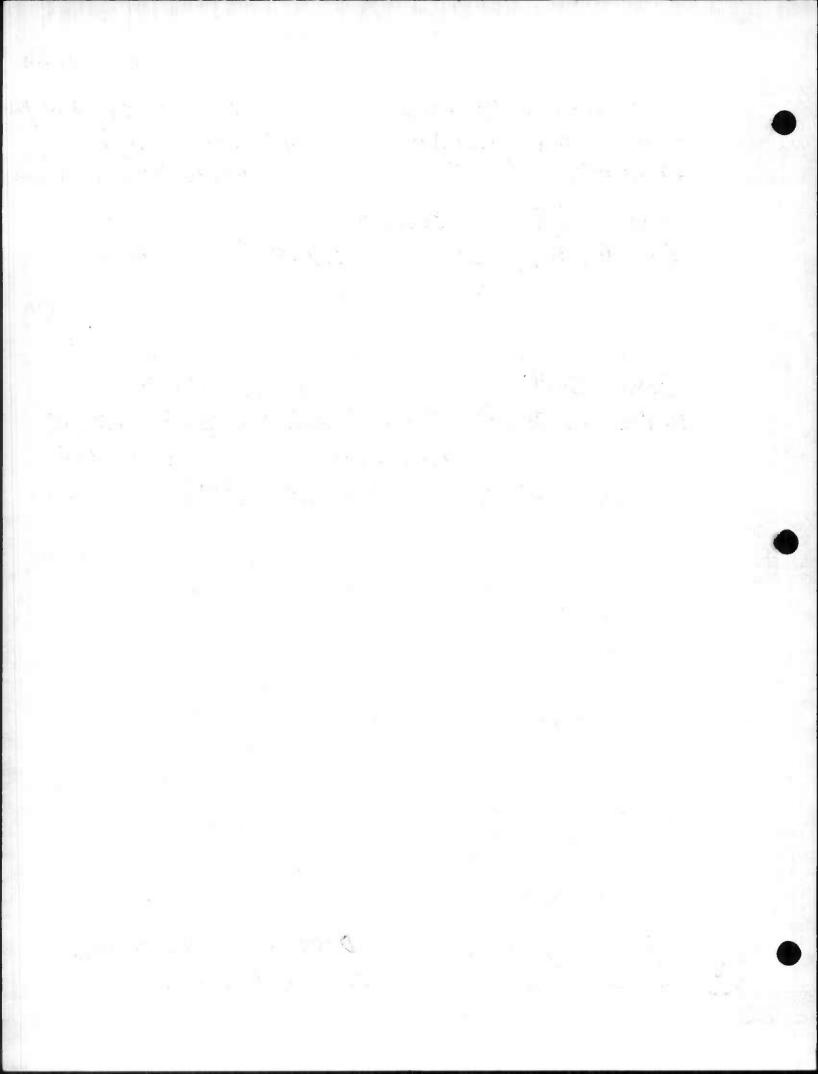


State of Maryland / Department of Health and Mental Hygiene

39334 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Year 23 /996 4c. County of D. ath REDLA BRUNSON DEC /Medical Fecility Name (If not institution, give street end nur 4b. City, Town, or Location of Death **Examiner** 60 If Under OSDITA more our 5. Social Security Number 218-22-445 Usuel Residence of Decedent If Under 1 Vee 6. Sex 7. Age (n yrs. lest birthday) Dete of Birth 9 Birthplace (State or Foreign **Funeral** Deys Hours Min. 1 M 200 F Months q South Yrs. Director Carolina permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, the Medical Examinations. 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits laryland 1 Yes 2 No Director timore, 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA 14. Raca - American Indian, Funeral dd Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No if Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Marital Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Afro þ If Yes, Give/ Year or Dates: 3 Widowed 4 □ Divorced American Completed Decadent's Usual Occupation
 (Give kind of work done during most of working life. 90 NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementer//Secondery (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be ohn 10 COL 19a, Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Nephew 1d.2121 larenc ohnson alto, 20e. Method of Disposition 20b. Piece of Disposition (Ne Plece of Disposition (Neme of cernetery, crematory, or other place) 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) moria 21. Signature of Funeral Service Licenses 5 1-unera Home W. North Ave. Balto. Md. 21216 23a. Part (Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finei disease or condition resulting In death) Examiner or Attending Physician: The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ate hes been signed by the a page 2 should be deteched to 23b. Did tobacco use contributs to the cause of death? 1 Yss 20 No 3 Probably 4 Unknown RENA DISEASE þ Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy After this certificate hes 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation deeth. 1 ☐ Yes 2 ☐ No Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital within 24 hours e the Hospital 1 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) end manner as steted.

2 Medical Examiner: On the bests of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier completely 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person whe completed cause of death (Item 23a) (Type, Print) Battingré Med MARCOS 31. Dete filed (Month, Day, Yeer) 32. Registrar's Signature

And Davidson—Randelle State DEC 3 0 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

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	and		Usual Rasidence of Decedant  10a. State 10b. County		10c. City	y, Town or Lo	cation				10d. Insida City	limite
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	with the	Direct	10e. Streat and Number 3604 DUVALL A	VENUE			10f. Zip Code	21216		10g. Citizen of V	What Country?	
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	/Medical Examiner		Immediate Causa (Final disaesa or condition resulting in death)	a END		-GE r es a consec		L DISE	ASÉ			
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Box 68	eath certifica ettending ph I for use as th	lan/Medical	resulting in death) Last	■ d							1	
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Registrar

DEC 3 0 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Dhyois	ion	Decedent's Nan	ne (First, Middle, L	ast)						2. Date of D	eath Day	Year	3. Time of Death
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	Exami		4a. Facility Name	(If not institution, g	ive street and nur	m <i>ber)</i>				4b. City, Town, or	Location of Dee	th 4c. Count	y of Death	-
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Н	Francis		5. Social Security		Sex	7. Age (In yrs	s. last birthe	dav)	If Under 1 Year		8. Date of B			
н	Funeral		216-10-9		1□M 2⊠F		Yn		Months Deys		(Month, D	Day, Yeer)		place (State or Foreign
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State of Marvland / Department of Health and Mental Hygiene

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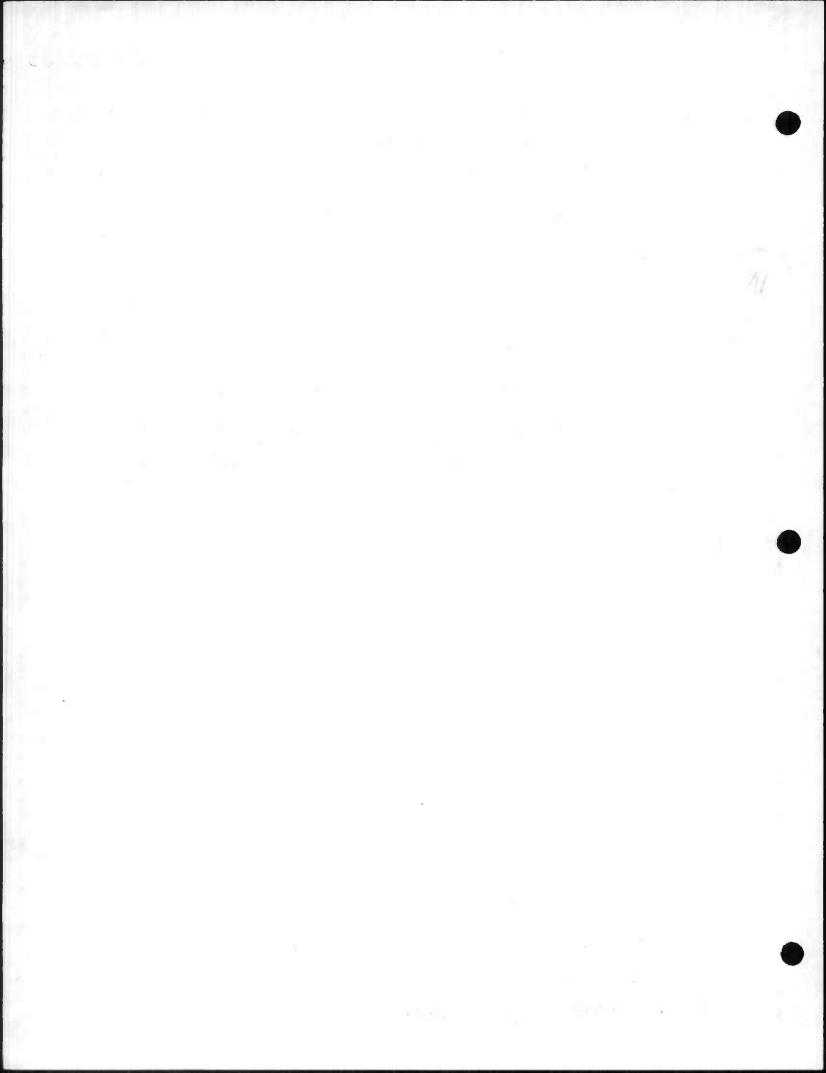
State of Maryland / Department of Health and Mental Hygiene Q 5

				Certificate	of Death	Reg. N	0.	39330
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R	Exami		4a. Facility Nama (If not institution, give street and number)	1	4b. Clty, Town, or	Location of Death 40	c. County of Deeth	
			5122 Edmondon	HUP	Relta		NA	
	Funeral	Ė	5. Sociel Security Number 6. Sax 7. Age (In	yrs. lest birthday) If Under 1			9. Births	plece (Stete or Foreign
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	yland		10a. Stete 10b. County 10	c. City, Town or Location			1	10d. inside City Limits
	Mar	to	Md NA E	Baltimore				1 X Yas 2 No
	h the	Director	10e. Street end Number	10f. Zip C	Code	10g. Ci	itizen of What Cour	ntry?
	th wil		5122 Edmondson Avenue	. 2	21229	143	U.S.	A
	dea	Funeral	11. Marital Status 12. Wes Decedant Ever Armed Forces?		ent of Hispenic Orlgin? (Sty Cuban, Mexican, Puer	Specify Yes or No-	14. Race - Americ	
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ŏ	72 hours		15. Decedent's Education	16a. Decedent's Usuei	Occupetion	16b. F	(ind of Business/ind	dustry .
215	C 1 4	Completed	(Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-4or 5+)		done during most of wo		Himore	City
21	TO FOR IN	E O	12 grade NA	Community 5	Service Kep	resentative ou	11)11101	
	s 1 and 2 should be filed f Health and Mental Hygis flem 27 is marked other other traumatic event, II	Se C	17. Fathar's Neme (First, Middla, Last)		-	me (First, Middle, Meider	Sumeme)	
Maryland	should be nd Mental marked o	To Be	Ernest Franklin		Rebecc	a Rhod	0	
an	2 should and Men is marke surratic		19e. informent's Neme/Reletionship (Type, Print)	19b. Mailing Address (		ural Route Number, City	or Town, State, Zip	Code)
-	and alth		Kim Walker - Daught	er 5122 Ea	LMondson	Avenue B	al timore, 1	ud 21229
ore			20e. Method of Disposition	Ob. Place of Disposition (Name cametery, cremetory or other	e of		ocation - City or To	
Baltimore	pemit. Pages Department of I mportant: If its any Injury or o		1 ☐ Bunei 2 ☐ Cremetlon 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)	Druid Ridge	A .	1-3 97 Bal	timore, 1	ud
alti	-555		21. Signature of Funeral Service Licensee	22. Name end	4 1 1 4 1 1 1 1		/	
0	Depariment Important Info		Sale March	MARCH	. 1 / -/ 1	Home - Wes		1
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U.	Physician		shock, or heart feilure. List only one ceuse on each line.					Intervel Between Onsat and Death
7	/Medical		fmmediete Ceuse (Finel	11 00			0	2400
	Examiner		reconing in county	Ataha Color to (or es e consequence of):	n Cara	noma 7	D lever	Zgears
	NAME OF TAXABLE PARTY.	je.	0.00	to (or as a consequence or).			1	0
	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions  Due	to (or as e consequence of):				
ó	an ar		Sequentlelly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury					
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	ng ph	Ved.	lesotting in Geattly Last					
Вох	th ce		d					
	0 0 0	sici	Pert ii. Other significant conditions contributing to death but no	ot resulting in the underlying ceu	use given in Pert t.	23b. Did tobacco	use contribute to	the cause of death?
P.O.	that the death cened by the attendial of detached for use	Physician/				1□ Yes 2	No 3□ Prot	bably 4 Unknown
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	8 10	ä	27. Mannar of Deeth  Neturel 5 □ Pending (Month, Dey Yea	ar) 28b. Time of 28c	c. Injury et Work?	28d. Describe how inju	ry occurred	The line
sion	B SA	₩	2 Accident investigation	M	1  Yes 2 No			
E	131	Æ	3 ☐ Suicide 6 ☐ Could not be determined 28e. Placa of injury - building, etc. (Sp.	At home, ferm, street, fectory, o	office	28f. Location (Street et City or Town, Stett		Il Route Number,
0	2000	Cer	55.50. (0)					
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	To the Haw within 24 ha To the Fun completely	Med	one) end menner steted.  29b. Signature end title of cartifier		License number		ete signad (Month, i	
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	10		30. Neme end eddress of person who completed cause of death	(Item 23e) (Type, Print)	11	GRUILLE,		. 623
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State of Maryland / Department of Health and Mental Hygiene

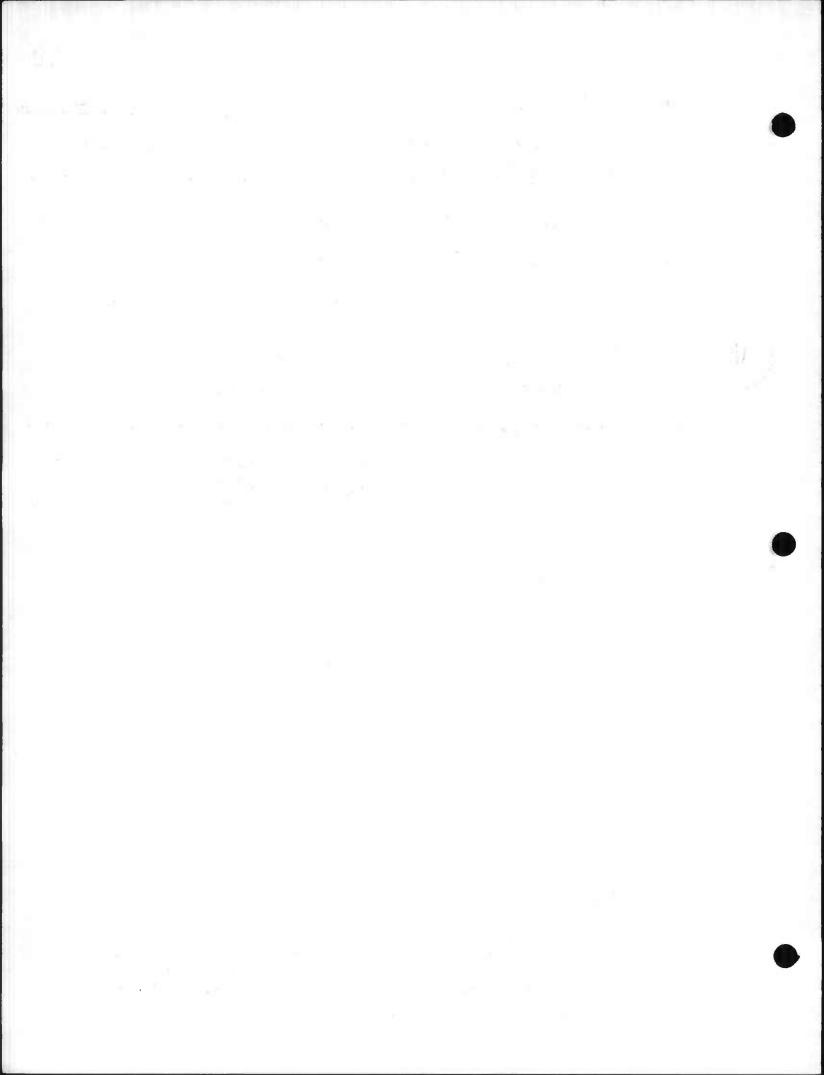
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					Certific	cate of	Death		Reg. No.		
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Examir		4a. Facility Name (If not institution		)				or Location of Death			7.707.
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unerai		5. Social Security Number	6. Sex 7. Ag		st birthday) If L	Inder 1 Yea	r if Under 24 H	rs. 8 Date of Bir	th .	9. Birthpla	ace (Stete or Fore
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show d.at		10e. State 10b. County	,	10c. City,	Town or Location	1				10	d. Inside City Limi
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notifie	Director	10e. Street and Number				f. Zip Code	117		10g. Citizen of	What Count	rv?
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ther and,		17. Father's Nama (First, Middle, I	Last)			(	18. Mother's N	lame (First, Middle,			
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ury		4 □ Donation 5 □ Other (Sp		GAR	CRISON /	Fonest	VeT.	727/96	BALT.	a. Mi	D.
important: If any injury or once.		21. Signature of Funeral Service L	icensee		22. Nam	e and Addr	ess of Fecility	Sous	FUNER	al H	mp=5
ESS		the like	TO Man	~				ST- BAL			
		Entar the diseasa, or shock, or heart failure. List of	complications that caused	d the daath.							Approximate
sician		Shock, or neart tarture. List of	only one cause on each II	na.							Interval Between Onset and Death
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State of Maryland / Department of Health and Mental Hygiene 96

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Mary	A DEE		19a, Informant's Name/Reletionship (7	ype, Print)	19b. N	leiling Address (Stree	et and Number or	Rural Route Numb	er, City or Town,	State, Zip	Code)
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			23a. Part I/ Enter the disease, or companions, or heart feilure. List only of	one cause on each line.	eath. Do not	enter the moda of dy	ring, such aa card	iac or respiratory a	irrest,		Approximata Interval Between
	Physician			$\sim$	٥	A A		1	Beend	\ !	Onset and Death
	/Medical Examiner		Immediate Cause (Final disaasa or condition resulting in death)	a Progressuo	large	cell can	curema a	1 the lun	1 Cremos	9)	7 mes
		-	Tooking in county	a. Progressuo	o (or as a cor	nsequence of):	/		1		
	pa #	Examiner		b							
	and Aran	хап	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due t	o (or as a cor	nsequence of):					
90	cian cian		Ceuse (Diseese or Injury	c							
68760	ertificate be executing physician and as the burial-tran	edicai	that initieted events resulting in death) Last	Due to	(or as e cor	sequence of):					
9 ×	entificate be executed ling physician and se as the burlat-transit	3		d							
_	0 23	Physician	7	d						1	
	0 0 2	sic	Part II. Other significant conditions co	ntributing to death but not	resulting In th	e underlying causa g	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	that the ed by th detache	Phy	Chanic Perturbe	i alser au	dus	44.3		3K	Yes 2 No	3 Prob	ebly 4 Unknown
		by	C104.12-013	- Working	00400	2 200					
Records,	v requires been sign should be		Part huteri al O.	me all care	Of all	1 Da Our	1/0		an autopsy ormed?	8V8	re autopsy findings illable prior to
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æ	ician: The lav certificate has rector, page 2	Completed	Roleikas	mad as like	ma He	cash		10	Yea 2 XNo	10	Yes 2 No
	iffical	Be C	25. Was case referred to medical	row Machine	,,,	7)	26 Place of D	eath (Check only			7
>	sicie s cert direct	0	examiner?	Hospital: 1 ☐ Inpatient 2	ER/Outp	atient 3 DOA	ther: 4 Nursing			ner (Specify	1
ō	Physic rethis seral di		27. Manner of Death	28a. Dete of Injury (Month, Day Year				1	how injury occur		/
6	After After	tio	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Year	) Inju		ork? ⊒Yes 2⊒No				
2	ctor ctor	fica	3 Sulcida 6 Could not be	28e. Placa of Injury - A	t home, farm	. street, factory, office	a .	28f. Location	Street and Numl	ber or Rural	Route Number,
Division	after Dire	Certification:	4 Homicide determined	building, atc. (Spe	ecify)	, , ,			wn, Stete)		
	To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2		29a. Certifier Certifying Phy	sician: To the best of my	mowladne d	eath occurred at the	time, data and nis	ce, and due to the	cause(s) and m	anner es et	ated.
	Pun Fun etely	edicai	(Check only 2 Medical Exam	Iner: On the besis of exam and manner stated.	ination and/o	r investigation, in my	opinion, death oc	curred at the time,	date and placa,	and due to	the cause(s)
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	in		William h	Plant Mi	1	197	7656		Her L	4/17	16
	1,0		30. Name and address of person who o	ompleted cause of death (	tem 23a) (Ty	pe, Print)		600 1	Woif	n Sr	07
	V		William A. two	MO IHE		lotars Ore	need con	BRUTI	nous Mi	212	-8-/
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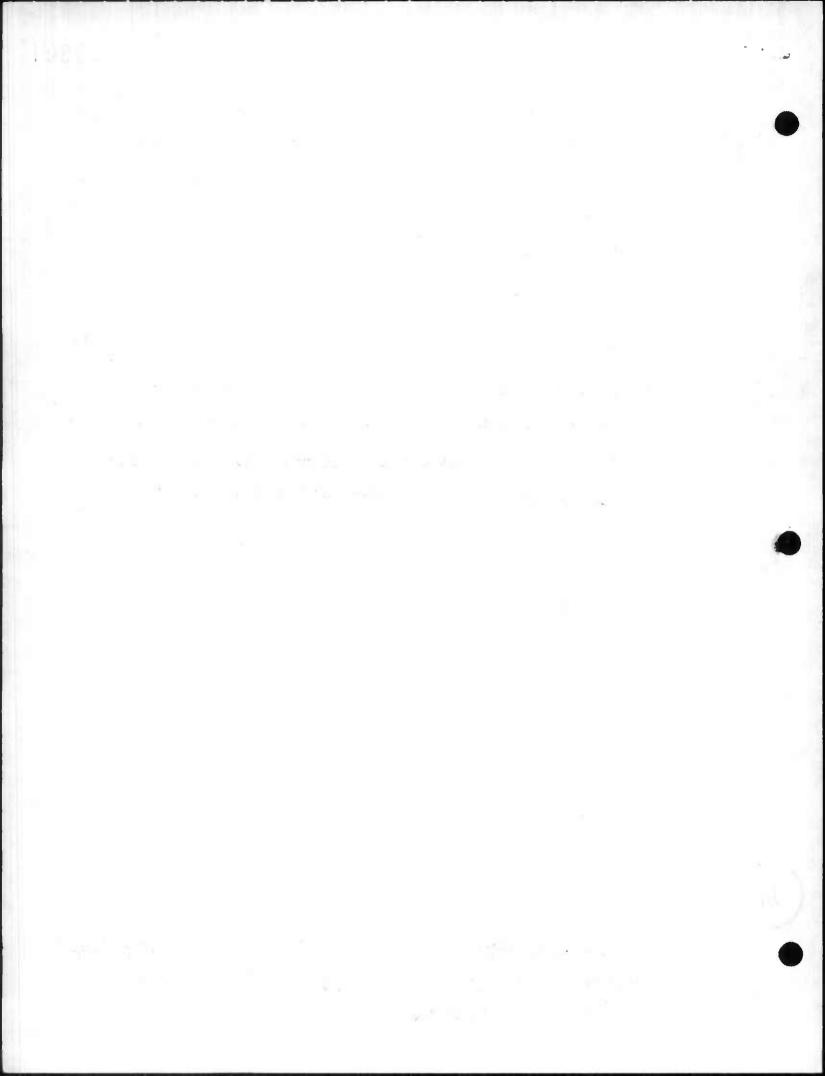
State of Maryland / Department of Health and Mental Hygiene 96

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					Certifica	ite of Dea	th	F	Reg. No.		
Physici	ian	1. Decedent's Name (First, Middle, L	Last)					2. Date of Dea Month		Year	3. Time of Deeth
/Medic		WILLIAM	J.		LING,			Dec. 2	22, 19	96	9:30 pr
Examir	ner	4a. Facility Name (If not institution, g		)				ation of Deeth			
		9305 Rock Meado 5. Social Security Number 6.		no /la um lant	hinth days If Lind		cott Co		Howa	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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the Marylar 28a-f show	ctor	MD. Howar	ď	Elli	icott Ci	ty					1 ☐ Yes 💢 N
th with th	ai Director	10e. Street end Number 9305 Rock Meadow	Dr.			ip Code 21042			10g. Citizen of V		try?
72 hours efter death with the Maryland natural;, or Nerns 23a or 23a-f show pical Examiner must be notified at	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces 1 ☑ Yes 2 ☐ If Yes, Give Yeer or Dates:	No Korean	if Yes, sp	edent of Hispanic ecify Cuban, Mex No Spec	cen, Puerto R	cify Yes or No- licen, etc.)		e - America ck, White, o	etc.
n 72 hours "natural",	eted	15. Decedent's I	Educetion		ia. Decedent's Us (Give kind of w life. DO NOT	ual Occupation	act of working	0	16b. Kind of Bu	usiness/Ind	lustry
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d ta	Be	17. Father's Name (First, Middle, Las							Maiden Sumem	10)	
should be and Mental I marked or umatic ave	2	William J. Buttl						e Howar			
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teal teal ther		Mary Louise Butt  20a. Method of Disposition	ing (wire		9305 Roc		Dr., I	Date			
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교원관등 기				Chesa	apeake C			2/24/96	BELLS	rille	, MD.
Depa mpo any l		21. Signature of Funeral Service Lice	nsee			and Address of Fe E Funera	-	TNC			
		23a. Part 1. Enter the disease, or cor	Lemm	er						M 2	1045
cate be executed we physician and physician and street transit	Examiner	disease or condition resulting in death)  Sequentially list conditions,	a	Theresco	Lebro VI a consequence of Lenosys e consequence of	):		une			?
cian a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Hype	iteu 80	ni				į	15 year
D 00	Medical	that inItieted events resulting in death) Last	C	Due to (or as a	consequence of	:					139
death cer se attendin ed for use	Physician/		<b>U</b> ,								
the day	ysic	Part II. Other significant conditions				cause given in Pe	irt I.	23b. Did to	obacco uae cor	ntribute to	the causa of death
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Ine law ate has b page 2 s		25. Was case referred to medical				20. F	ace of Deetil	CHECK OHLY OF	10)		
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DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

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			Certificate of Death Reg. No.													
	Physic /Medi		1. Decedent's Name (First, Middle, Last)  HENDRICK  C						Moi			2. Date of D Month DECEM			3. Time of Death	
	Exami		4e. Facility Name (If not institution, give street end number)  LIBERTY MEDICAL CENTER							4b. City, Town, or Location of D BALTIMORE			eth 4c. County of Death N/A			
	Funeral Director		5. Social Security Number 214-64-7865		Sex 7. Age (In yrs. lest birth		: lest birthdey) Yrs.	If Under Months	1 Yeer Days	If Under Hours	24 Hrs. Min.	8. Date of B (Month, D 10/06	irth Pay, Year) 5/55	9. Birthp Cour Mar	olece (State or Foreign ntry) Yland	
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinations in purified at 2008.	Completed by Funeral Director	Usuel Residence of 10a. State MD	10b. County	A	10c. City, Town or Location Baltimore								1	10d. Inside City Limits 1 1 Yea 2 □ No	
			10e. Street and Numbar 5020 Norwood Ave			nue 10f. Zip Cod				207			10g. Citizen of What Country? U • S • A •			
			11. Maritel Stetus 1 Never Mari	ried 25 Married	12. Was Decedent Ever in U,S. Armed Forces?  1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:			3. Was Decedent of Hispanic Origin? (Spilf Yes, specify Cuban, Mexican, Puerto 1 Yes 2 XNo Specify:			ecify Yea or N Rican, etc.)	cify Yea or No- Rican, etc.) 14. Rece Black Specify:		e - American Indian, sk, White, etc.		
			Elementary/Sec 12th	1	rade completed)  College (1-4or 5+)		(Give	16e. Decedent'a Usual Occupation (Give kind of work done during most life. DO NOT use retired) Laborer					Auto	16b. Kind of Business/Industry Auto Mechanics		
		To Be	17. Father's Name (First, Middle, Last) Henry Marshall										en O. Cephas			
			19a. Informant's Name/Relationship (Type, Print) Sharon Cephas				5020	b. Mailing Address (Street and Number or Rural Ro 5020 Norwood Ave., E				Balt	Baltimore, MD 21207			
		Examiner	1 X Buriai 2 Cramation 2 D Damoual from State				cemetery, cres	ece of Disposition (Name of metery, cremetory or other plece) ag Memorial Park			1	. 2/31	20c. Location - City or Town, State Randallstown, MD			
Ball			22. Name end Address of Fecility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207													
	Physician /Medicai Examiner		Approximate Interval Between Conset and Death  Immediate Cause (Final disease or condition resulting in death)  a. SEPD & SHOCK									Interval Between Onset and Death				
Division of Vital Records, P.O. Box 68760,	he death certificate be executed the attending physician and ched for use as the bunal-transit		Sequentially list co it eny, leading to in cause. Enter Unde Cause (Disease or	onditions, mmediate	b	13ACT Due to	or as a consector as a consector as a consector	uenca of):		OLA					unknews	
		//Medical	Cause (Disease or that initiated events resulting In death)	S	c. INTRA VENOUS DRUG USE  Due to (or as a consequence of):  d. ACUTE RENAL FAILURE									ч		
		by Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco usa contributs to the cause of death											the cause of death?		
	requires that the de- seen signed by the a should be detached f		- ENLEPHALOPATHY									1 Yes 2 No 3 Probably 4 Unknow				
	ician: The law require cartificate has been si motor, page 2 should I	Completed	- HYPERTENTION										performed?		ere autopsy findings allable prior to mpletion of cause death?	
		Be Con	25. Was case referred to medical sxaminer? 26. Place of Deat									☐ Yes 2 🗖 No 1 ☐ Yes 2🗗 No nily one)				
	hyalo his or	ို	1 ☐ Yes 2,7	No	Hospitel: 1 🔏	Inpatient 2	ER/Outpatier			4 LI NU	ursing Ho	me 5□Res	idenca 6 🗆 O	ther (Specif	y)	
	tending P seath. for: After I the funera	Medical Certification:	27. Manner of Deat 1.2 Natural 2 ☐ Accident 3 ☐ Suicide	th 5 Pending investigatio 6 Could not be	(Month, Dey Year) Injury Work?								Describe how injury occurred			
	in Sendin unico		4 Homicide	determined	286. Plece build	ng, etc. (Spec					28f. Location (Street end Number or Rural Route Number, City or Town, Stete)					
			29e. Certifier  (Check only one)  12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piaca, and due to the cause(s) and manner as stated.  2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and manner stated.													
	0 1 E 8		290. Signature and title of certifier MD, 23300									DECEMBER 26 1991				
	4		29b. Signature and little of certifier  MD, DZ3300  DECEMBER Z6 1992  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Liberty Medicul Linic  SUDMIR, D, FATEL  2600 Miberty Medicul Linic  MD, Z1214  31. Date filed (Month, Dey, Year)  DEC 30 1996  Julia Dandson-Renders													
	Sta Registi	ite ar	SI. Date filed (Mon	DEC 3 0	1996	quia d	Davidson-1	fandell	6	/						

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

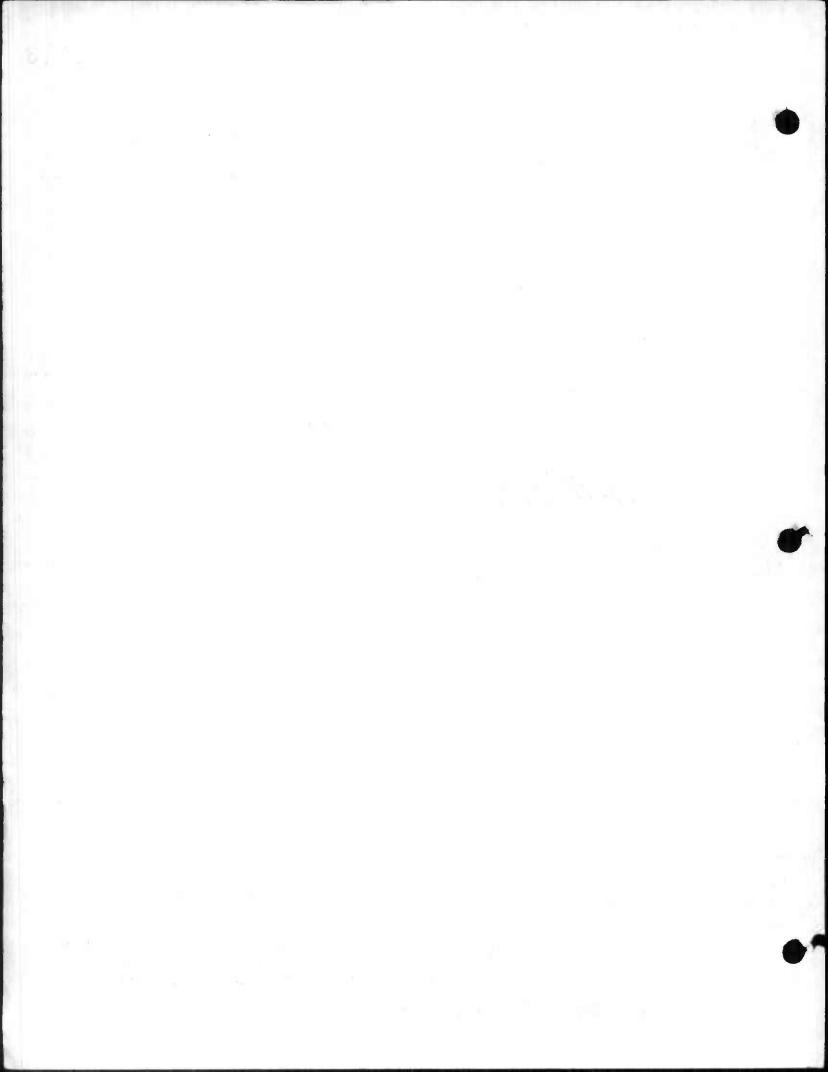
39343 Items: 23 part I,27,28a,b,c,d,e,f per MEO G-745 3Centricate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Year **Physician** REGINALD CHAPPEL DEC. 1996 28. 1029 AM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 742 NORTH PATTERSON PARK BALTIMORE If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral**  Birthplece (State or Foreign Country) 10 M 20 F Days 219-70-2388 36 Director Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits 1 Yes 2 No BALTIMOVE Director 19. 10e. Streef and Number 10f. Zip Code 10g. Citizen of What Country? 4538 NorThwood 21239 DRIVE U. SA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ∰ Yes 2 □ No If Yes, Give Yeer or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: p 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wir Department of Health and Mantal Hygiens Important: If item 27 is marked other that any Injury or other traumatic event Odd Jobs Labor 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) CA IVIN Gertrude HAKUCY CHAPDEL 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4538 Northwoodorwe Bato md. GERTRUNCE Choppel-Muther 20b. Placa of Disposition (Name of cempetery, grem atory or other plece)

M. J. L. CEMETERY 20a, Method of Disposition 20c. Location - City or Town, State 1 D Burial 2 □ Cremation 3 □ Removel from State 1-2-97 OWINGS Mills Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility 1639 N. BREAJWAY BOLTE. Aich 21213 21. Signature of Funeral Service Liverity SEFF Millen, P.C. Fuweral Home + SERVICE fomplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ert1. Enter the disease, or hock, or heart failure. List Approximate Interval Between Onset and Deeth Physician /Medical Immediate Ceuse (Final NARCOTIC AND ALCOHOL INTOXICATION disease or condition resulting in death) **Examiner** Due to (or as a consequenca of) Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as e consequence of): P.O. Box 68760. Physician/Medical that initiated events resulting in death) Last 2 Due to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 7es 2 No 3 Probably 4 Unknown sion of Vital Records, þ Completed 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 2 No 17 Yes 2 No Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Nesidenca 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1X Xes 2 No Certification: To 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred guilbi 1 Netural 5 Pending investigation foundiury found 12/28/96 1 Yes 2 No 10:15 2 Accident Could not be determined 3 D Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 742 N. Patterson Park 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide found at home Baltimore, Md. edical 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

\*\*Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and fittle of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E DEC. 29, 1996 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

State Registrar

Wan'd 31. Date filed (Month, Day, Year) DEC 3 0 1996 1vin 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death 5.20 Pm Month 25,1996 MAHTAK PAWMO December 4b. City, Town, or Location of Deeth 4c. County of Death HospilAl Bollimone Center KANDAKSlOWN if Under 1 Yeer If Under 24 Hrs. 6. Sex 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) 1**X** M 2□ F 84 Yrs. 13, 1912 10b. County 10c. City, Town or Location N/A BALTIMORE 10f. Zlp Code 10g. Citizen of What Country? 21215 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 No Specify: Specify: WHITE 16b. Kind of Business/Industry

r than "natural", or items 23a or 28a-f show should be filed within 72 hours after and Mentel Hygiena.
marked other than "natural", or her Maryland 21215-0020 . Peges 1 and 2 should be fill iment of Heelth and Mentel Hant: If item 27 Is marked oth permit. Peges 1 and 2. Department of Heelth at important: if item 27 is any injury or other traces. Baltimore,

**Physician** 

**Funeral** 

Director

28a-f show

the Meryland

death

**Physician** /Medical **Examiner** 

the attending physician and hed for use es the burial-transit requires that the death certificate be executed Box 68760. P.O. Records, 8 page 2 certificate hes Division of Vital or Attending Physician: this After t 3

Examiner Physician/Medical by Completed Be ို Certification:

To the Hospital or Attendir Michael 24 hours after death. To the Funeral Director: Al

þ Completed Elementary/Secondery (0-12) 8 Be 2 JACOB 20e. Method of Disposition 21. Signatur Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

1 Netural 3 ☐ Suicide

Registrar

/Medical 4a. Facility Neme (If not institution, give street and number) Examiner orthwest Birthplace (State or Foreign Country) 5. Social Security Number 218-07-6944A MARYLAND Usual Residence of Decedent 10a. State 10d. Inside City Limits Yes 2□No Director MD 10e. Streel and Number 5013 SUNSET ROAD Funeral 11. Marital Status 1 Never Married 20 Married 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) MUSICIAN/TEACHER 17. Fether's Neme (First, Middle, Last) 18. Mother'a Name (First, Middle, Meiden Surname) ANNA WEINER 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MRS. LEE CONWAY / WIFE 5013 SUNSET ROAD BALTIMORE, MD 21215 20b. Place of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, State NGBurial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 5 Other (Specify) BALTIMORE HEBREW 12/27/96 BALTIMORE, MD defuneral Service J 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 Pert f. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one access on each line. Approximate Interval Between Onset and Death 6 DAYS NEUMENIA Due to (or es a consequence of): Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown A12 HEIMERS DISEASE 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy ARDIAL PACEMAKER performed' 2 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Piaca of Death (Check only one)

25. Was case referred to medical examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 npatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred 5 Pending Investigation 1 Yes 2 No **∠** Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basia of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edical (Check only 29b. Signature and title of certifier

29c. License number 29d. Date signed (Month, Day, Year)

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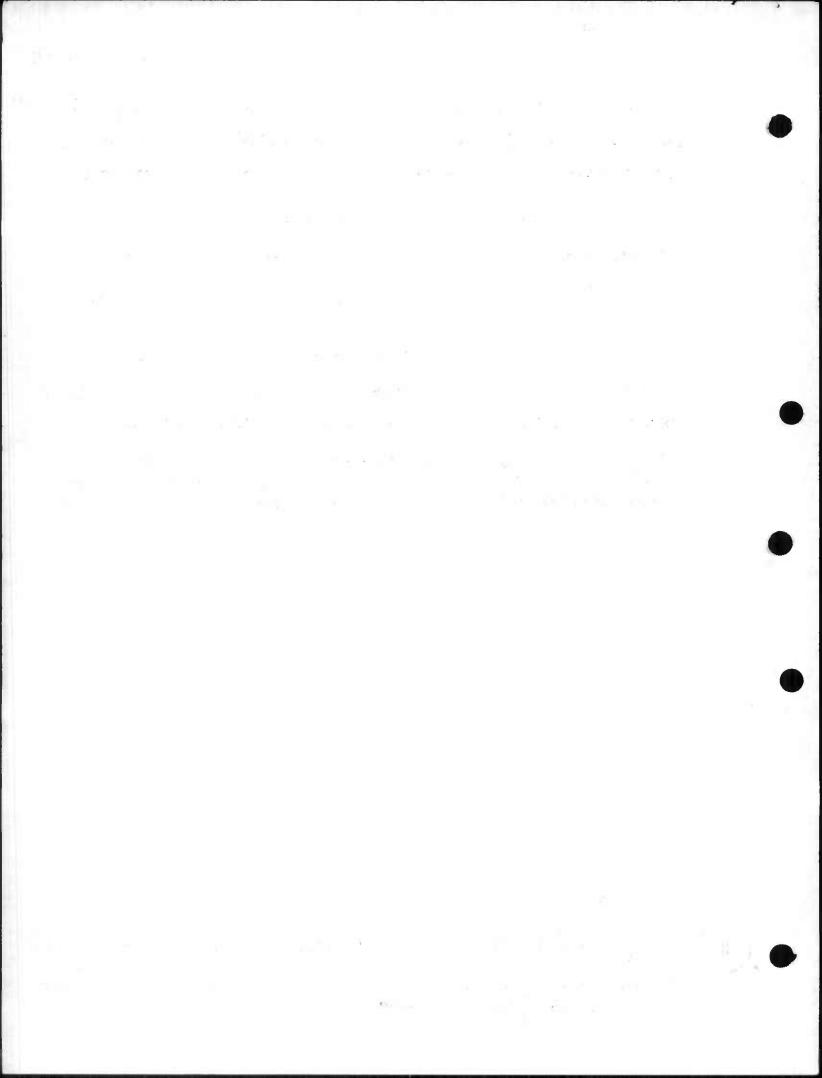
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30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

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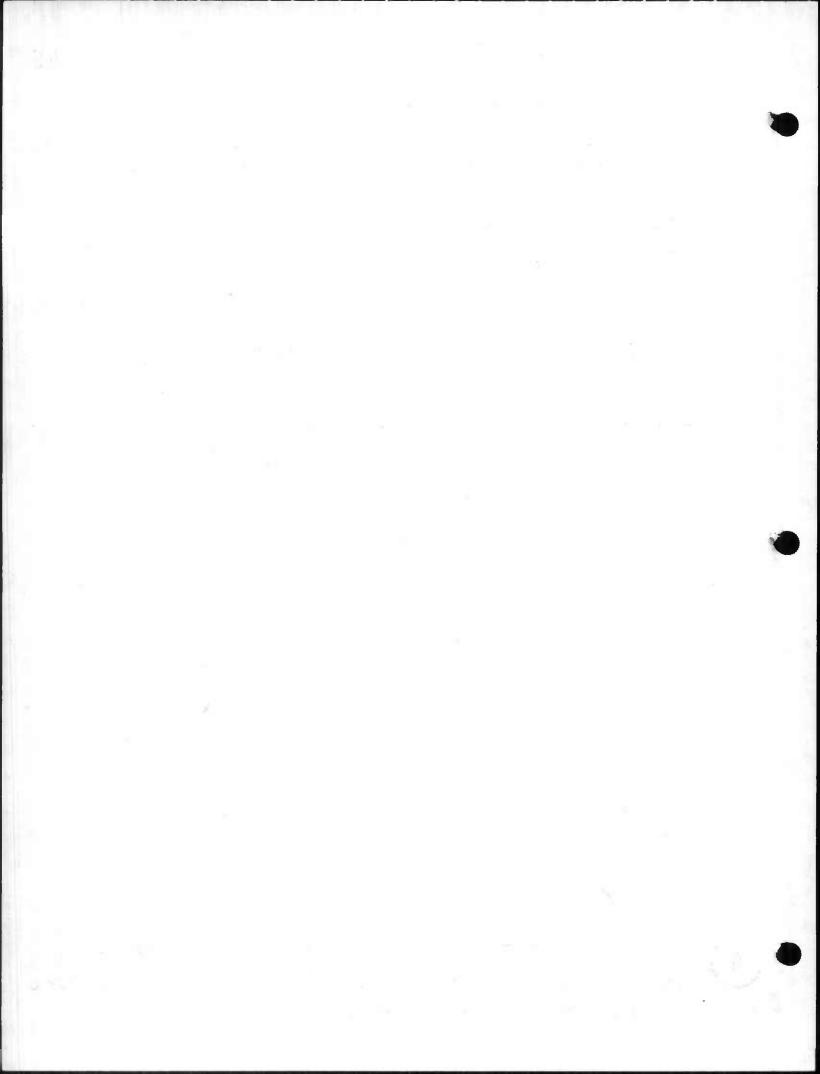
HUSPITAL CENTER MEHTA NORTHWEST



State of Maryland / Department of Health and Mental Hygiene

39345 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 15/PM Speller stitution, give street and number) 06 /Medical Facility Neme (If not in 4b. City, Town, or Location of Death 4c. County of Death Examiner Rei Peiste If Under 24 Hrs. Stown imore If Under 1 Year 8. Date of Birth (Month, Day, 5. Social Security Number 6. Sex Age (In yrs. last birthday) Birthplace (State or Foreign **Funeral** 9. 215-12-5372 Usual Residence of Decedent Months Days Min. Hours 1□M 200 F Yrs. Director Jan.d land the Maryland 10a State 10b. County 10d. inside City Limits 28a-f show Examiner must be notified at Yes 2 No Maryland Director paltimore ter 3 Car 10f. Zip Code 10g. Citizen of What Country? items 23a or Funeral filed within 72 hours after death 72. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 Mo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 14. Race -1 ☐ Never Married 2 ☐ Married 0 Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 Widowed 4 □ Divorced "natural". itro-American Completed traumatic event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry marked other than Elementary/Secondery (0-12) College (1-4or 5+) Hygiene. nameer de 17. Father's Neme (First, Middle, Last) with and Mental H ne (First, Middle, Maiden Sumame) Be Pages 1 and 2 should be reeman 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Fown, State, Zip Code) (daughter) Ma erstown, Md. 21136 20c. Location - City of Town, State Department of Health Important: If item 27 i arawa 20e. Method of Disposition

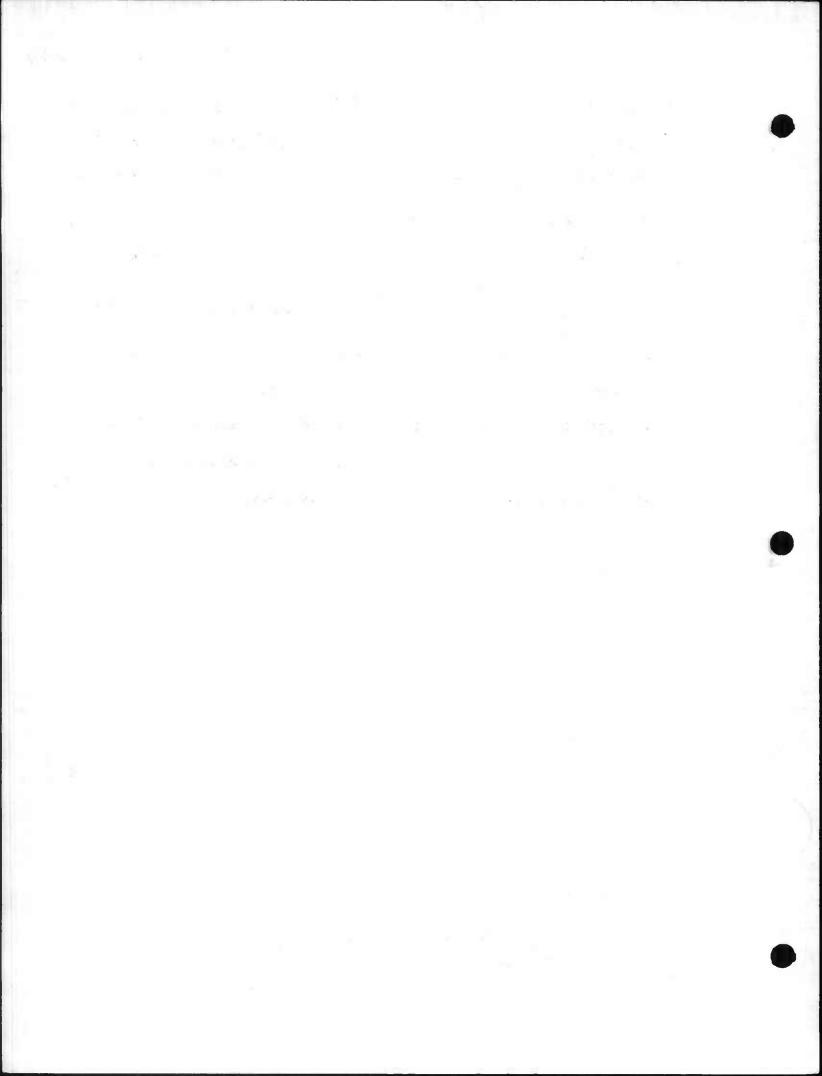
1 Burial 2 □ Cremation 3 □ Removel from State 20b. Place of Disposition (Name of camptery, crematory or other place Dete 4 ☐ Donation 5 ☐ Other (Specify) Stel Lemeter 21. Signature of Funeral Service Licenses 22. Name end Address of Facility any le Funeral Joseph 2222 tome 21216 2 W. North Ave Balto.M sease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hire. List only one cause on each line. Approximete Interval Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Wonsmall Cell 5 worths Concerone 4 **Examiner** Due to (or as e consequence of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physician Physician/Medical the Due to (or es e consequence of): for use as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed by the 2□ No 3 Probably 4 Unknown KADICTRON Promorule , Hypevamion þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Wes an autopsy performed? Chronic Chistructur Purrency Overse, certificate has b Duhetes meure, type II, unuen dependen 1 ☐ Yes 2 No 1 ☐ Yes 2 No or Attending Physician: director. Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) 2 1 Yes 2 No Hospital: Other: 4 Nursing Home Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Deeth 28c. injury et Work? 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of After 5 Pending Investigation death. 2□ Accident 1 🗌 Yes 2 No the after death 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 4 THomicide filled in Hospital 24 hours Funeral 1 Cartifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical within 24 hours To the Fune completely fi (Check only one) the 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 0 30. Neme and address of person who completed ceuse of deeth (Item 23a) (Type, Print) 31. Date filed Marko onth, Day, Year) 32, Registrar's Signeture State DEC 3 0 1996 Wia Davidson Registrar



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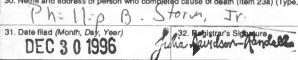
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	Funeral Director		5. Social Security Number 6. Sax 112 - 36 - 8765		last birthday) If Und Yrs. Month	dar 1 Yaar is Deys	If Under 24 Hrs. Hours Min.		rth ay, Year)	9. Birthplaca Country)	(Stata or Foreign
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. 6	ned by the atta	Physician/N	Part II. Other significant conditions contribu		suiting In the underlyIn	g causa giv	an In Part I.		tobacco use co Yes 2□ No	ntribute to the	cause of death?
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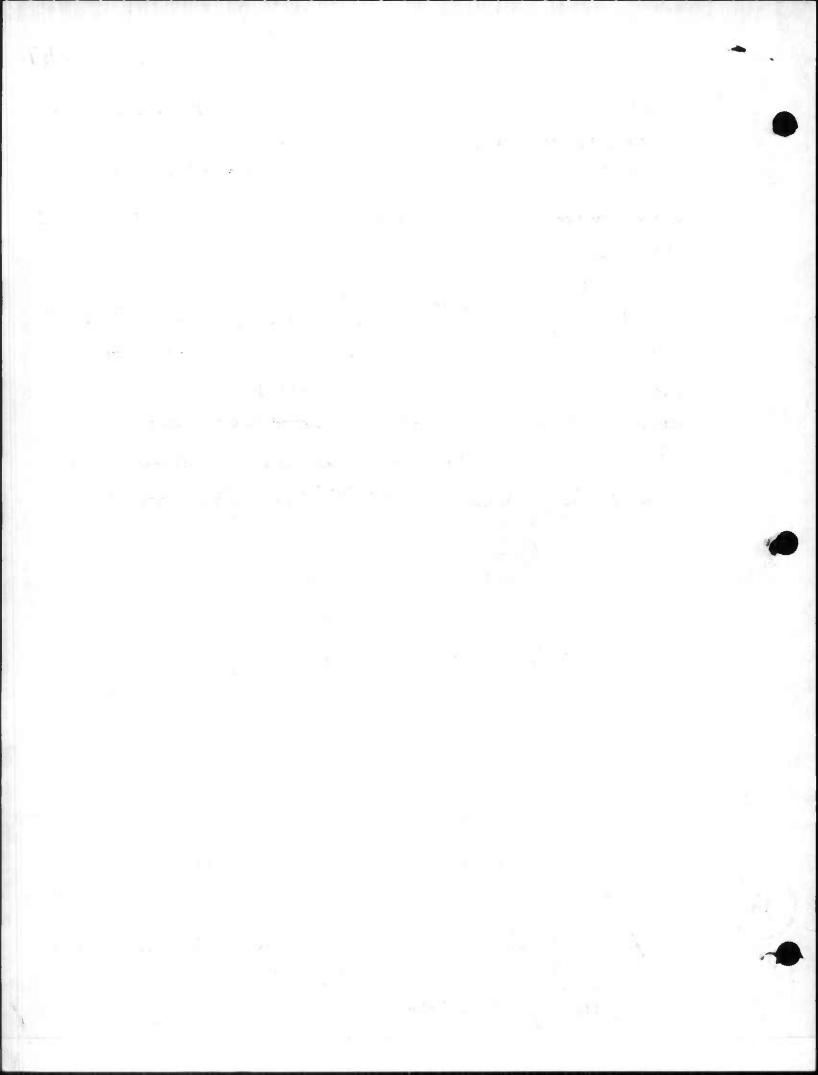


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	5. Social Security Nu 216-16-56	07 6		7. Age (In yrs.		If Undar 1 Year	If Under 24 Hrs.			-	(State or Foreign
+				10c Cih	/ Town or Lo	cation				104	Inside City Limits
5			٩								1 ☐ Yes 2 ☑ No
2					2,00,2,1,2,1	10f. Zip Code			10g. Citizen of		••
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	Walter Char	man	,								
-			(Type, Print)		19b. Mailin	g Address (Stree			er, City or Town,	, Stete, Zip Coo	de)
	Harriet Chap	oman (Wi	fe)		509 For	est Lane	Catonsville	e, Maryla	nd 21228		
			□ Removal from 5	20b. P	laca of Disposemetery, crem	altion (Neme of setory or other pla	ice)	Data	20c. Location	- City or Town,	State
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	21. Signature of Fun	eral Service Lic	ensee		22. Wit	Name and Addr	ess of Facility all Home of (	atonsvi1	le. TNc.		
4	Robert	Try	x Bre	home	163	30 Edmonds	on Avenue (	atonsvil	le, Maryl		
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5000		Certifying F	aminer: On the ba	sis of examinati	viedge, death ion end/or inve	occurred at the ti estigation, in my o	me, date end place, opinion, death occurr	and due to the red et the time,	cause(s) and madate and piece,	anner es stated and due to the	l. cause(s)
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	10	my !		, ,					COEMOR	1 0 1	
	To be completed by Funeral Director	EVERETT  4a. Facility Name (If  THE JOHNS  5. Social Sacurity Nu  216-16-56  Usual Residence of 10a. State  Maryland  10e. Street and Num  509 Forest I  11. Marital Status  1 Never Marrie  3 Widowed  (Specific Elementary/Second 12  17. Father's Name (If  Walter Chart 19a. Informant's Nart Harriet Chart 20a. Method of Disponsive Part 1. Signature of Fun  23a. Part 1. Enter the shock, or heart 1 inflated events resulting in death)  Sequentially list country in the cause (Disease or condition resulting in death)  25. Was case referred examiner?  1 Yes 2 No. 27. Manner of Death 1 inflated events resulting in death)  27. Manner of Death 1 inflated events resulting in death)  28. Certifler (Check only one)  29a. Certifler (Check only one)	EVERETT  4a. Facility Name (If not institution, THE JOHNS HOPKI)  5. Social Sacurity Number  216-16-5607  Usual Residence of Decedent  10a. State   10b. County  Maryland   Baltimore  10e. Street and Number  509 Forest Lane  11. Marital Status  1 Never Married   Married  3 Widowed   Divorced  15. Decedent's  (Specify only highest of Specify only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only hig	EVERETT  4a. Facility Name (If not institution, give street and nut  THE JOHNS HOPKINS HOSPI'  5. Social Sacurity Number  216-16-5607  Usual Residence of Decedent  10a. State  10b. County  Maryland  Baltimore  10c. Street and Number  509 Forest Lane  11. Merital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  15. Decedent's Education  (Specify only highest grade completed)  Elementary/Secondery (0-12)  12. College (12)  17. Father's Name (First, Middle, Last)  Walter Chapman  19a. Informant's Name/Relationship (Type, Print)  Harriet Chapman (Wife)  20a. Method of Disposition  1 Merital 2 Cremation 3 Removal from 1 Merital Chapman (Wife)  21. Signature of Funeral Service Licensee  Part I. Enter the disease, or harms cations that cannot be cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death)  25. Was case referred to medical examiner?  1 News Case Performed to medical examiner?  1 News Case Performed to medical examiner?  26. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death)  25. Was case referred to medical examiner?  26. 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Place of Disposition  10c. City, Town or Loc.  11d. Amend Forces?  11d. Amend Forces?  11d. Page 2 Date of Disposition  11d. Page 2 Date of Disposition  11d. Page 2 Date of Disposition  11d. Page 2 Date of Disposition  11d. Page 2 Date of Date (Specify)  11d. 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State Registrar





State of Maryland / Department of Health and Mental Hygiene

96 39348

							Certi	ificate of	f Death		Reg. No.	20	33340
10	Physic	ian	Decedent's Name (First, Middle				0 -			2. Date of D		Year	3. Time of Death
OR STATE	/Medi				-An	NP	BE			Decem		1996	6:05PM
10	Exami	ner	4a. Facility Name (If not Institution		r)				4b. City, Town, or L	ocation of Dea	th 4c. Count	y of Death	
	1 2 1		ST. AGNES HOSPI						BALTIMORE	Ε	I	N/A	
	Funerai		5. Social Security Number	6. Sex 7. / 1 ☑ M 2 ☐ F	ge (In yr			If Under 1 Yea Months Days		8. Date of B (Month, D	irth ley, Year)	9. Birthp	place (Stete or Foreign
	Director		214-01-5172 Usual Residence of Decedent	Λ –	82		113.			FEB 21	,1914	PENNS	SÝLVANIA
land	8 =		10a. State 10b. County		10c. C	ity, Town	n or Loca	tion				1	0d. Inside City Limits
N e	led pa	to	MD N/A		BA	LTIM	ORE						1 No Yes 2 No
the the	y 28	Director	10e. Street end Number					10f. Zip Code			10g. Citizen of	What Coun	itry?
E W	23a		2829 SUNSET DRI	VE				212	229		U.S	5.A.	
r dea	2	Funeral	11. Maritai Status	12. Was Deceder Armed Forces	t Ever in 1	U,S.	13. Wa	s Decedent of	Hispanic Origin? (Sp ban, Mexicen, Puerto	pecify Yes or N	o- 14. Ra	ce - Americ	
21215-0020 d within 72 hours efter death with the Maryland	"natural", or items 23a or 28a-f show	by	1 ☐ Never Married 2∑ Marri 3 ☐ Widowed 4 ☐ Divorced	ed 1 ☑ Yes 2 ☐ If Yes, Give Year or Detes	No	II		Yes 2⊠No		7 (1041), 010.7	Speci		
5-C	"natural".	Completed	15. Decedent (Specify only highes	s Education t grede completed)		16a.	Deceden	nt's Usual Occu	pation a during most of work	kina	16b. Kind of E	Business/Inc	dustry
vithin	r than	mpi	Elementary/Secondary (0-12)	College (1-4or	5+)	COL		NOT use retin	e during most of worked) T A N		R.C.	Α.	
			10TH GRADE  17. Father's Name (First, Middle, I	act)		COL		ECHNIC		- /Floor Middle			
and	Mentei arked of atic ave	Be c	JOHN CAMPBELL	asi)					18. Mother's Nam NORA FI		e, Meiden Sumai	me)	
Maryland of the	end Mente Is marked sumatic a	2	19a. informant's Name/Relationsh	in (Type Print)		19h	Mailing	Aririnase /Strae	et end Number or Rui		has City as Tour	Chata Tia	Codel
, Me	27 Is r trau		HILDA CAMPBELL						DRIVE - BA			21229	C00e)
Baltimore,	프를		20a. Method of Disposition			Place of	Dispositi	ion (Neme of tory or other ple		Date	20c. Location	- City or To	wn, State
Pages	nt: H		12℃ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp						VETS CEM 1	2/27	Owings	Mille	Md
Balt permit.	Department of Important: If it any Injury or once.		21. Signature of Fundal Service L	icensee	1		22. N	lame and Addr	ess of Facility			HILLS	, na
m a	2 5 8 8		1 Tours	XXI	ug	/			JNERAL HOM ENS AVENUE			2122	20
			23a. Part1: Enter the disease, or shock, or heart failure. List	complications that cause	d the dea	n. Don	ot enter t	the mode of dy	ing, such as cerdiac	or respiratory	arrest,	2122	Approximate Interval Between
	nysician												Onsat and Death
	Medical xaminer		Immediate Cause (Final disease or condition resulting in death)	VR	051	EPS	15						
		<u></u>	resulting in death)				onseque	nce of):					
De De	18it	Examiner		b. END	CIZ	361	3 6	11757E	emers	Den	ATTUS	1	
) SMBCU	physician and is the buriel-trensit	Xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (	or as a c	onsequer	nce of):					
68760 ficate be	siciar e bun	cal	Cause (Disease or Injury that initiated events	c	5	Tagaith.							
ficat 68	g phy es th	edical	resulting in death) Last		Due to (	orasac	onsequer	nce of):				1	
Y Cert	ettending p	M/U		d									
deeth	ne ett	sicia	Part II. Other significant condition	a contributing to death	out not res	suiting In	the unde	riying ceuse gi	iven in Part I.	23b. Did	tobacco use co	ontribute to	the cause of death?
ecords, P.O. Box 68760, law requires that the deeth certificate be executed	igned by the e	Physician/	DEITY DRAF								Yes 2 No	3 □ Prob	
8 g	be d	by	DI-MY DICA	10.0	-	MACC	000	1N6 1	YSFONG 704				
Hecords,	been sig	Completed	ATHOROSCIERO	TIC CORO	MAR	41	Da	V224	DISEASE		en autopsy ormed?	ava	ere autopsy findings allable prior to
a ve	ate hes b page 2 s	id I											npletion of ceuse death?
= =	cate r, pag						*			1 🗆	Yes 20 No	1□	Yes 2□ No
Vital	certificate rector, pag	Be	25. Was cese referred to medical examiner?	Hospital:		_		0	26. Place of Deat	h (Check only	one)		
VISION OF VITA Attending Physician:	al di	1. 70	1 Yes 2 No 27. Manner of Death	28a. Date of Inj		28b. Ti		3LI DOA	7		how injury occur		)
ding	After fune	tion	1 RNaturai 5 ☐ Pending	(Month, De	y Year)		jury	28c. Inju Wo	rk? I Yes 2 □ No	200. Describe	now injury occur	red	
VISION Attending	ctor:	fica	3 ☐ Suicide 6 ☐ Could no	t be	iurv - At h	ome, far			13000 11-1-1	28f. Location	Street and Numl	ber or Rural	Route Number
2 5	10 P	Certification:	4 Homicide	building, e	c. (Speci	fy)		, , ,			wn, State)		
	Funers	edical (	29a. Certifier (Check only one) 1 Certifying 2 Medicat E	Physician: To the best caminer: On the basis of and manner st	r examina	wledge, ation and	death oc	curred at the ti	me, date and place, opinion, death occurr	and due to the ed at the time,	cause(s) and me dete end place,	enner as sta and due to	ated. the cause(s)
0		-	29b. Signature and title of certifier	4				29c. Licens	se number		29d. Date signe	d (Month, L	Dey, Year)
)			1 X ALCO	MAC				01	61001		DE SAD	40 -	3, 1996
(	140		30. Name and address of person w	no completed ceuse of	leath (Iter	n 23a) (1	Type, Prin			^	The state of the		0
			Scott Pour	J CM M	600	LUCI	Hen	s Aus,	Suite 10	7, BA	LIMORE	- MI	D 21829
	Sta	te	31. Date filed (Month (1996)	Lika starton	ars Bon	Ura							
	Registra	ar	DFO 9 0 1904	U									

, III. 96-7353-031

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM G-743 1/15/97 t.t

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Year DECEMBER 23,1996 5:40P.M NEIL STUART DVOSKIN /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4200 BEL PRE ROAD ROCKVILLE MONTGOMERY 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 6. Sax 6. Date of Birth (Month, Day, 9. Birthplace (State or Foreign **Funeral** Year 15 M 2 F Months Days Hours Yrs. 43 Director 216-58-5014 AUG 28,1953 MARYLAND Usual Residence of Decedent 10b. County Montgomery the Maryland 10a. State rail, or items 23s or 28s-f show Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits Director 1 Yas 2 No ROCKVILLE MARYLAND -MONTGOMERY 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4200 BEL PRE ROAD 20853 USA Funerai death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ☐ Wlo If Yes, Give Year or Dates; Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Heelth and Mantel Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic svent, Its Mantel I assista 1 Navar Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Completed by Specify: 3 Widowed 4 Divorced WHITE Decedent's Usual Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) OWNER / OPERATOR MORTGAGE CO. Baltimore, Maryland 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be BERNARD DVOSKIN PEARL **EXLER** P 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) MR. BERNARD DVOSKIN (FATHER) 9 POMONA SOUTH, APT. 4 BALTO., MD 21208 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) OHEB SHALOM MEMORIAL PARK-12-27-96-REISTERSTOWN, MD 21. Signatura of Funeral Sarvice Licensee 22. Nama and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 eur PartT. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset and Death **Physician** /Medical Immediete Cause (Final CARDIAC ARRHYTHMIA disease or condition resulting in death) Examiner Due to (or es a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last use as the burial-trar Due to (or as a consequence of): P.O. Box 68760, Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detec 1 Yee 2 No 3 Probably 4 Unknown Records, by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 certificata 1 Yes 2 No 18 Yes 2□ No Division of Vital Attending Physician: director, Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 M Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA s after 0c... at Director: After ... by the funeral di After this Certification: 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 26d. Describe how Injury occurred X X Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicida filled In by 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide ò Hospital of 24 hours a Funeral D Medical 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifian 29c. Licensa number 29d. Date signed (Month, Day, Year) O.C.M.E. DECEMBER 24, 1996 MO 30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Styphen. S.
31. Data filed (Month, Day, Year) Radentz MI

State Registrar

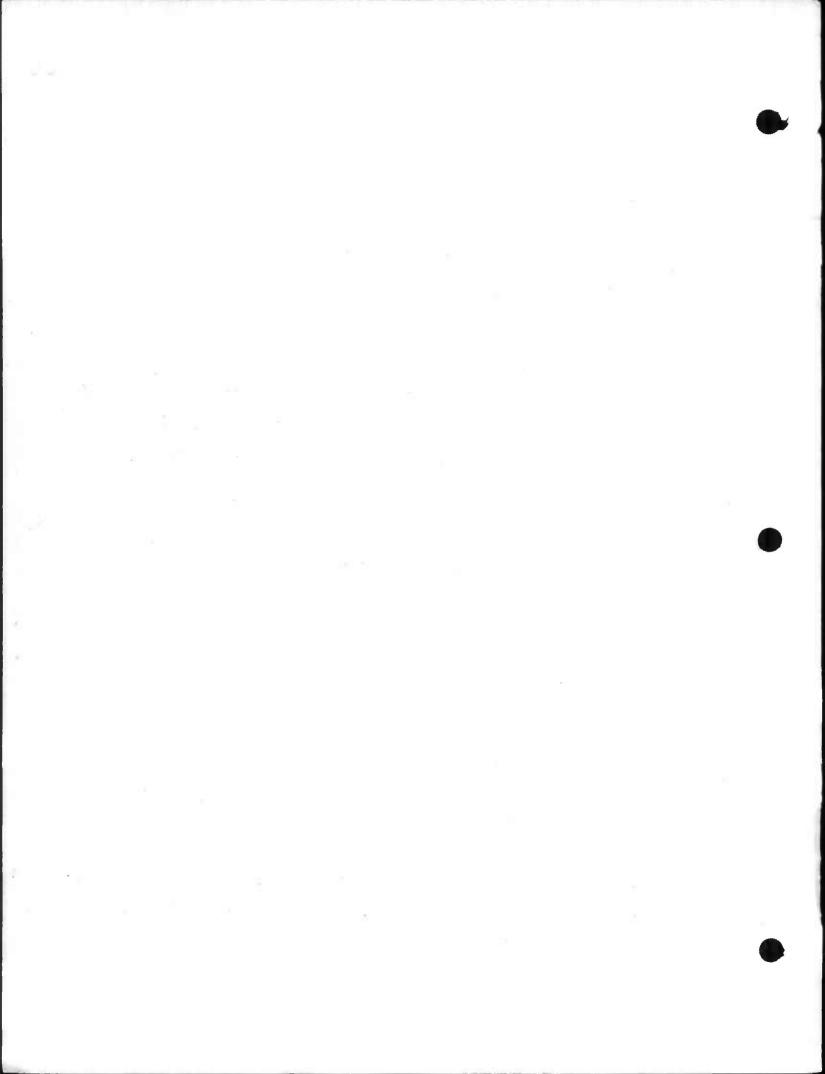
DEC 3 0 1996

32 Registrer's Signature ula Davidson

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOA 80/00, BALLIMORE, MARYLAND 21213-0020	THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within ser found after death. Page 6 may be retained by the hospital or attending physician.	FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MDRITANT Hitem 28 is marked or liem 23 shows any injury or other training to any or interest or any injury must be notified as notified as notified
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	FOR CTATE OF							6 39350
	1 - STATE STATE OF		DEPARTM ERTIFICA			MENTAL HYGIEN REG. NO.		
	DO I CC I I	ENRY	DENI	Nis	SR.	2. DATE OF DEATH DATE OF CEMBER	ž 26 j	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1\(\frac{1}{2}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3}\) \(\frac{1}{3	6. AGE (In yrs. las	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 04 10 18		BIRTHPLACE (State of Foreign , Country) Iaryland
IOR I	9a. FACILITY NAME (If not institution, give street and number)  Cromwell Center—Genes	is Elder			OR LOCATION OF DE TWELL	ATH	9c. COUNTY Balt	of DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION			10d, INSIDE CITY
1	Md. N/A		Ba]	ltimor	e			1 X YES 2 NO
FUNERAL	332 South Macon Street			10	or. ZIP CODE			N OF WHAT COUNTRY?
SN		ENT EVER IN U.S. AR	MED	13. WAS OF	21224	IIC ORIGIN? (Specify Yee	USA or No.— 14	
B≼	1 Naver Married 2 Married FORCES?	T YES 2 THE		If yes, s		n, Puarto Rican, etc.)	OF NO.	Bleck, White, etc.  Specify: Whjite
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S USU	done during m		16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 1 )	5+)	Factor		k	St	eel	
111	17. FATHER'S NAME (First, Middle, Last)  Earl Dennis					ME (First, Middle, Meiden Llian Ecke		
E 2	Mark J. Dennis, Son	19			and Number or Rural I	Route Number, City or Town	21236	ode)
must be	20a. METHOD OF DISPOSITION  1	cemetery, cre	AND DATE OF DI	SPOSITION (N	lame of	DATE 20c. LO		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	LOak	Lawn C	22. NAME A	NO ADDRESS OF FA	CILITY	astwo	od, Md.
al examiner	► Charles D- Zeil	AZ		6224	Eastern	ler & Son Ave Balt	EM 0	
event, the medical	23. PART I. Enter the diseases, or compileations to shock, or heert failure. List only one of iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE T	nat coused the de ause on each line	ol.	tai C	/	l monary		interval Between
CATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	O (OR AS A CONSEC						/
ERTIFIC	that initiated events reaulting in death) LAST  d	O (OR AS A CONSE	OUENCE OF):					
ted, of Item 23 shows any injury, PHYSICIAN: MEDICAL CE	PART II. Other significant conditions, contributing the trust to write the conditions of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution	o death but not r	reculting in th	ne underlyin	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ОТ	26. P	LACE OF DEATH (Ch	eck only one)		
14S	1 ☐ YES 2 ☐ NO	ER/Outpetlant 3		Nursing Hor	me 5 - Realdenca			
Y P	1 Natural 5 Pending (Month,	Day, Year)	INJURY	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUP	RED .
Z8 IS Marked, TED BY PH	2 Accident investigation 3 Suicide 6 Could not be determined	OF INJURY — At ho g, atc. (Specify)	oma, farm, street			261. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
PURIANI: 11 ITEM 28 IS BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE. On the best							euse(s) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CENTURER	1	1/1		29c. LICENSE NUM			IGNED (Montp. Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITER	M 27) (Type, Print	0	0	645	15	27/96
		RAR'S SIGNATURE	MIDI	7151 F	to LABIR	DAUE, 1	BALTO	MD,21222
	DPA .	a Nacidana	D. 1.00	1				



State of Maryland / Department of Health and Mental Hygiene

39351 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Yaar MARTHA Ρ. DECEMBER 20 1996 12.56 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month), Day Year Apr. 15,1914 5. Social Security Number 9. Birthplaca (Stata or Foreign 8. Sax 7. Aga (In yrs. last birthday) **Funeral** 1□M 2X F 82 Yrs. 213-32-8204 Maryland Director Usual Rasidance of Decedant filed within 72 hours after death with the Meryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelth and Mental Hygiene.
Important: If item 27 is merked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Medical Expander must be notified at once. 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2 No Director Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3005 Shannon Drive 21213 USA Funeral 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No if Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: White þ Specify 3 N Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) 0 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) å George Henry Payne Katherine Bond 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 16117 Malcolm Drive, Laurel, Maryland 20707 Marguerite Goddard /sister 20b. Placa of Disposition (Nama of comatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 

Burlal 2 □ Cramation 3 □ Ramoval from Stata
□ Donation 5 □ Other (Specify) George's Cemetery 12/23 Valley Lee, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Part1. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onsat and Death Physician /Medical Immediata Cause (Final EUMONIA UNKNOWN disaasa or condition rasulting in daath) Examiner Examiner ASPIRATION requires that the deeth certificate be axecuted Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disasse or Injury that initieted events rasulting in death) Last physician and the buriel-tran Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): USB BS ettending p ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by I 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HEART DISEASE, HYPERTENSION ISCHEMIC Division of Vital Records. à 24b. Were eutopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? OBSTRUCTIVE LUNG DISEASE CHRONIC hes 1 Yas 2 No certificate 1 Yas 2 4 No 25. Was casa rafarrad to medical axaminar? Be 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 ☐ Yas 2 ☐ No 1 Impatient 2 ER/Outpatient 3 DOA this Brai 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred Certification: 5 Pending invastigation 1 Matural 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At homa, ferm, streat, fectory, offica building, atc. (Specify) 4 T Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and mannar stated. 29e. Cartifian Wedical To the flots within 2. To the Fun completely 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Dav. Year) M.D D0051197 1996 DECEMBER 20 30. Name and address of person who complated causa of death (Itam 23e) (Type, Print) 5601 Loch Raven Blvd., Baltimore, MD SAMARITAN GUPTA GOOD HOSPITAL 32. Registrar's Signatura 31. Data filad (Month, Day, Year)
DEC 3 0 1996 State whit Davidson Registrar

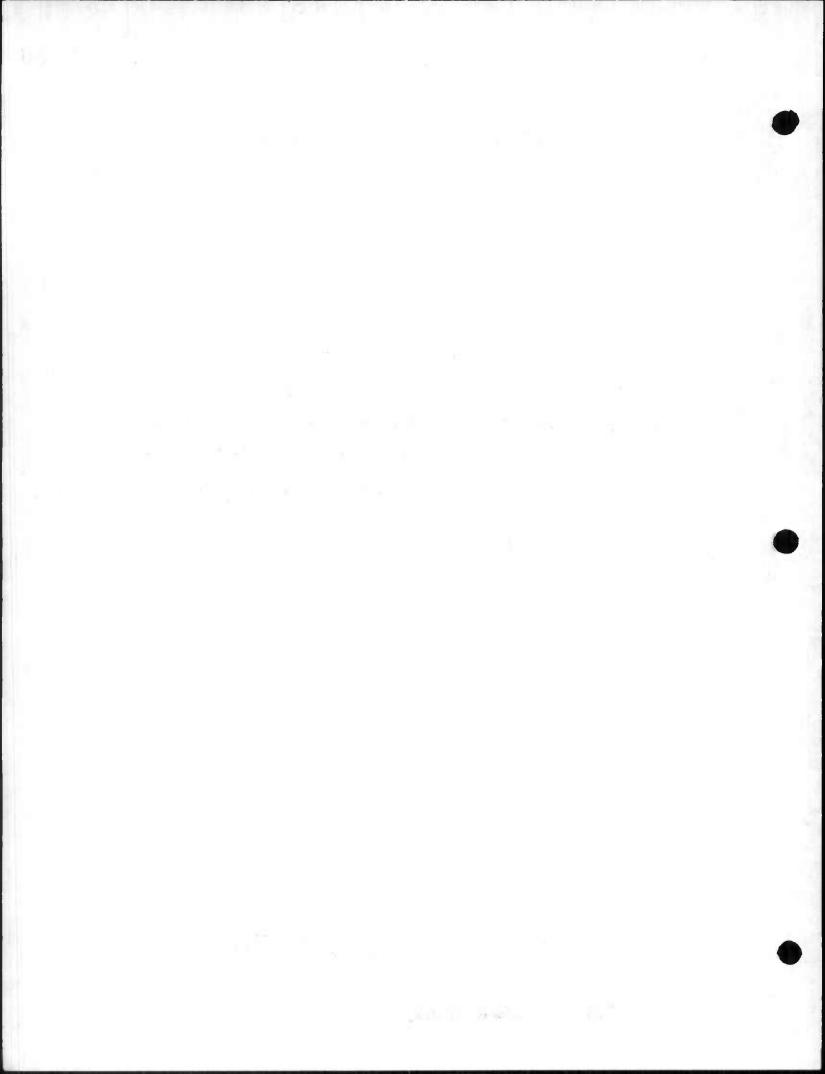
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Maryla		Certificate of		vieritai riy	Reg. No.	36 39	9352
	Physici	ian	1. Decedent's Neme (First, Middle, Last)	7	5.0.4		2. Dete of De Month		Year or	Time of Desth
	/Medic	cal	4a. Facility Name (If not institution, give street and number)	20	rseg	4b. City, Town, or I	De Com	h 4c. Count	of Deeth	1310
	Examír Funeral Director	ler	I.iberty Medical Center  5. Sociel Security Number 6. Sex 7. Age (In y 2 16-05-6946 1) M 2 F 8	vrs. last birthd 7 Yrs	(ay) If Under 1 Yeer Months Days	Baltir if Under 24 Hra. Hours Min.		rth ay, Year)	/ A	State or Foreign
	/lend		Usuel Residence of Decedent           10a. State         10b. County         10c.	City, Town o	r Location					side City Limits
	Sa-f sh	Director	MD N/A Ba	altim	ore Maryl	land			1%	Yes 2 No
	23a or 21	rai Dire	10e. Street and Number 1600 W Mount Royal Ave		10f. Zip Code 21217			10g. Citizen of 1		
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland if of Heelih and Mentile Hyglena. If of Heelih and Mentile Hyglena. or theme 23a or 28a-f show or other traumatic event, the Madical Examiner must be needled at or other traumatic event, the Madical Examiner must be needled at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 XWidowed 4 Divorced  12. Wes Decedent Ever in Armed Forces?  1 Yes, 2 XNo if Yes, Give Year or Detes:	1 U,S. 1	<ol> <li>Wes Decedent of H If Yes, specify Cube</li> <li>1 ☐ Yes 2 No</li> </ol>	lispenic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	Specify	a - American Ind ck, White, atc. v: Black	
Maryland 21215-0020	within 72 ho ena. than "natur fre Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5+)		eccedent's Usuel Occup live kind of work done of e. DO NOT use retired		king		usineas/Industry	
pu	other vent,	Be Co	17. Fsther's Neme (First, Middle, Last)	11	uck drive	18. Mother's Nan	ne (First, Middle	Truck , Meiden Sumen		
ylaı	2 should be and Mente is marked sumatic ev	To	Louis Dorsey			Dora				
Ma	d2sh thand 7 le m traum		19s. Informant's Neme/Relationship (Type, Print) Elizabeth Dorsey Frazier		elling Address (Street					
timore,	Peges 1 and 3 nent of Heelth out: If item 27 I		20a. Method of Disposition 20b 1 M Buriat 2 Cremetion 3 Removel from Stete	b. Pieca of Di cemetery, o	DO W Moun sposition (Name of crematory or other plea	ce)	Dete	20c. Location	City or Town, St	tate
Baltir	교원론증		21. Signature of Funerel Service Leanue	Arbut	22. Name and Addre	ss of Facility	12/30		more Mo	
m	Depariment Depariment Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Impo		Leron Ollrott		Leroy 0	Dyett a	ind Sor	Funer	al Hom	e PA
	Physician /Medical Examiner		I and 1. Enter the disease, or complications that caused the demock, or heaf feiture. List only one cause on each line.  Immediate Cause (Fine) disease or condition resulting in death)	eeth. Do not	enter the mode of dyln	ng, such és cardled	or respiretory s	rrest,	Appro Interv Onse	eximete st Between t and Deeth
	-Adminion	e		o (or as s	sequence of):					
_	icete be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions, if sny, leeding to immediate	or es e con	sequence of):	-				
	ifficete be axecuted g physician and as the burial-transit	edical	Sequentially list conditions, if sny, leeding to immediate cause. Enter Underlying Csuse (Disease or injury that inflisted events resulting in deeth) Lsst	(or es e con	sequenca of):					
Box	tendin tendin or use	an/N	d							
0	v requires thet the death certificate signed by the attending should be detached for use a	Physician/M	Part II. Other significant conditions contributing to death but not r	resulting in th	e underlying cause giv	en in Part I.			ntribute to the c	ause of death?
ds, P	res thet signed t d be det	by	Keral faixu	700	2 0 00			Yee 2 No		
Records,	hes ge 2	Completed	- Fletastatic 1	Call	rple M	yelom	Q perfe	en sutopsy ormed?	of desth?	prior to on of cause
		Be Co	25. Wes case referred to medical			26. Pleca of Dee	th (Check only		1 Yes	20 No
>	lysician: lis certific	ToE		□ ER/Outpa		er: 4 Nursing H		dence 6 □Oth	er (Specify)	
G,	and and	tlon:	27. Menner of Deeth  1 Netural 5 □ Pending 2 □ Accident Investigation  28e. Dete of Injury (Month, Day Year)	28b. Time Injur	y Wor	yet k? Yes 2 □ No	28d. Describe	how injury occur	red	
NIO.	after des	Certification:	3 Suicide 6 Could not be determined 28e. Pieca of Injury - Al building, etc. (Spe	t home, ferm,	street, fectory, offica		281. Location ( City or To	Street end Numb wn, Stete)	per or Rural Route	a Number,
	vithin 24 hour	edical (	29e. Certifier (Check only one)  Certifying Physician: To the best of my k  Medical Examiner: On the basis of examinend manner stated.	nowledge, de inetion end/o	eath occurred et the time r investigation, in my of	ne, date end placa pinl <i>on</i> , deeth occu	, end due to the rred at the time,	csuse(s) and modete end plece,	enner es steted. and due to the ca	ause(s)
	within 2 To the comple	Σ	29b. Signature and title of osmiller	<u> </u>	29c. License	e number		29d. Date algne	d (Month, Dey, Y	'ear)
			- LN/ /1.	D.	1)	3358	3	Decoul	ex 24	, 1996
	5		30. Name and address of person who completed cause of deeth (It	:em 23a) (Ty; —	De, Print) 2600	o Libe	of the	2845	919	15
	Sta Registr		31. Dete filed (Month, Dey, Year)  32. Registrer's Sig	nature	Panda PO					

State of Maryland / Department of Health and Mental Hygiene

96 39353

					Certificate	of	Death		Reg. No.	20	0 2 0 0 0
		1. Decedant's Nama (First, Middla,	Last)					2. Data of D	eath		3. Tima of Death
Physic /Med		Margie Daughto	n					Decer	nher 26	Yaar 1996	2:55 AV
Exami		4a. Facility Nama (If not institution,	giva straat and numbe	ar)			4b. City, Town, or L				
1 2 3		Union Memorial	. Hospital				Baltimon	ce		N/A	
Funeral Director		5. Social Sacurity Number  352-24-6619  Usual Rasidance of Dacedant	S. Sax 7 1□ M STF	Aga (In yrs. last birth		Yaar Days	If Undar 24 Hrs. Hours Min.	8. Data of Bi (Month, D Sept	rth a <i>y, Yaar)</i> 28 <b>,</b> 1931	9. Birthpl Coun Kent	eleca (Stata or Foraign etry) Eucky
dand www		10a. Stata 10b. County		10c. City, Town	or Location					10	Od. Insida City Limits
e Mary Ba-f sh	Director	Maryland N/A		Balti	more				100		1 No 2 No
ith with the 23a or 2 unit be no	rai Dire	10e. Street and Number 2709 Miles	Avenue		10f. Zip C	oda 121	.1		U.S.A		try?
72 hours efter death with the Maryland netural", or items 23a or 28a-f show ofcal Experient that be notified at	by Funeral	11. Marital Status 1 ☐ Navar Married 2∰ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Deceda Armed Forca 1 Yes 24 If Yes, Give Yaar or Data	s? XNo	13. Was Daceda If Yas, specifi 1 ☐ Yas 💥	y Cub	Ilspanic Origin? (Sp an, Maxican, Puarto Spacify:	pacify Yas or No Rican, atc.)	Bla	ce - Amarica ck, Whita, a by: Whit	atc.
d 2 should be filed within 72 hours of th end Mentel Hygiene. 7 is merked other than "natural", or traumatic event, the Medical Exans	Completed	15. Dacedant's (Specify only highast	Education grada complatad)	16a. C	ecedent's Usual Giva kind of work	Occup	pation during most of work	kina	16b. Kind of B	usinass/inc	dustry
	m id	Etementery/Secondery (0-12)	Collaga (1-4c		ifa. DO NOT usa	retire	d)				
be filed withintel Hygiena. Ind other than event, the Manager and the Manager and the Manager and the Manager and the Manager and the Manager and the Manager and the Manager and the Manager and the Manager and the Manager		6th	-0		Home Ma	ker			Own I		
should be filed withing Mentel Hygiena. merked other than imatic event, the Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Men	To Be	17. Fathar's Nama (First, Middla, Le Vergil Woo					18. Mothar's Nem		a, Maidan Sumar	na)	
2 should end Men is marke sumetic	-	19a. Informent's Name/Relationship		19b. I	Meiling Address /	Street	end Numbar or Ru		per City or Town	Stata Zin	Code)
		Antoinette For					lon Ave,				
ges 1 and 2 should t of Health end Mer If Item 27 is marke or other traumatic		20e. Mathod of Disposition	masn (Der	20b. Place of D	Disposition (Nama	of		Data	20c. Location		
permit. Pages Department of I Important: If Ite any injury or of		1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe	city)	a	cramatory or oth awn Ceme	tei	y 1	2/30/96	Baltimo	ore, M	Maryland
permit. Pages 1 ar Department of Hea Important: If Item 2 any injury or other once.		21. Signature of Funaral Sarvice Lie	1-+	On	A. Ala	n (	Soite Ir	. Funer	al Home	Ma way 7	and 21211
		23a. Part1. Enter the disease, or or shock, or heart feilure. List or	emplications that daus	ed tha daath. Do no	t antar tha moda	of dyir	ng, such as cerdiac	or raspiratory	arrast,	lary1	Approximate Interval Batween
Physician											Onsat and Death
/Medical Examiner		Immediata Cause (Finel disaasa or condition	· Pn	Cumonia							88.
LAdminer		rasulting In daath)	G	Dua to (or as e co	nsequance of):	- 4					
D .=	ine	91	met.	astatic	Larynge	al	cancer				
an and	Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events	0.	Dua to (or as a co	1						
requires thet the deeth certificate be assouted een signed by the attending physician and hould be detached for use as the burial-transit	Medicai	Cause (Diseese or Injury thet initiated avents resulting in daath) Last	C	Dua to (or as e cor	nsequance of):						
anding use a			d								
deeth ca	Physician	Part II. Other eignificant conditions	contributing to death	but not rasulting in t	ha undarlying ceu	sa giv	an in Part I.	23b. Did	tobecco use co	ntribute to	the cause of death?
thet the de ned by the a detached is								1 🗆	Yee 2□No	3 Prob	pably 4 Unknow
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0 -	E							101	Yas 2□No	10	Yas 200 No
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dlng h. Aftar funa	ition: T	27. Menner of Death  1 Neturat 5 Pending  2 Accidant invastigat	28a. Data of fn (Month, D			Injur Wor			how injury occur		,
or Att	Certification:	3 Suicida 6 Could not detarmine	bo	njury - At homa, farm atc. <i>(Specify)</i>	, street, factory, o	office		28f. Location ( City or To	Street and Numb wn, Stala)	per or Rural	Routa Number,
Hospital 24 hours a Funeral I	edicai C	29a. Cartifiar (Check only one)	Phyalcian: To the bes	ot axamination and/o	laeth occurred at or investigetion, In	the tin	na, data and plece, pinion, daath occur	end due to the red at tha tima,	ceusa(s) and me date and place,	enner as sto	eted. tha ceusa(s)
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( "h")			11. 11.10		1	-	11805	111	29d. Data signe	la 1	ray, rodi)
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		30. Nema end address of person wh	o completed ceusa of		S 11	Bn	brimore.	mpa	1218		
Sta	te	31. Data filed (Month, Day, Year)	32. Regis	trar's Signature		-					
Registi		DEC 3 0 1996	Gulia David	on-Randell							



State of Maryland / Department of Health and Mental Hygiene

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39354

						C	ertificate	e of	Death		R	eg. No.		
Jan Janes		1. Decedant's Nama (First, Mid	idia, Last)								ate of Deel		.070:2	3. Time of Death
Physic		CECELIA				D	TEHL	MA	NN		Month Dec	Day 2	Yaar 1996	06:45 A
/Med Exam		4e. Facility Name (If not institut	ion, giva s	street end nu	m <i>ber)</i>				4b. City, Town,			4c. County		100, 10
Exam	IIICI	Church Home Ho						- 0	BALT	T MO	RE			·
Firmer		5. Social Security Number	6. Sex		7. Aga (/	n vrs. lest birthde	v) If Under	1 Year		-			9 Rinthn	lace (State or Foreig
Funera Directo		214-52-3310		M 2DXF		90 Yrs.	Months	Days		Ain. 9	ata of Birth	(Kear)	Mary	olaca (State or Foreig Mand
Directo		Usual Rasidance of Dacedent									,, =,,		1102)	ZGIIG
pue a		10a. Stata 10b. Coun	ty		10	Oc. City, Town or							1	0d. Inside City Limits
f show	ō	MD CAG	ROL	T.	-	Westmir	ster							1 Yas 2 No
150 the 1	00	10e. Street and Number	11/01	- L			10f. Zip	Code			1	On Citizen of	What Cour	
NFe, Maryland 21215-0020 s. 1 and 2 should be filed within 72 hours after death with the Meryland f Health and Merital Hygione. Item 27 is marked other than "natural", or items 23e or 28e-f show other traumstic event, the Medical Examiner must be notified at	Completed by Funeral Director	1632 East Ric	hard	son Ro	oad		101. ZIP		.158			0g. Citizen of U.S.	A.	дтуг
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er de	Š	11. Marital Stetus		Armed Fo	orcas?	erin U,S.	if Yas, spec	ent of the	Hispanic Origin'i en, Maxican, Pi	uarto Rica	n, atc.)		ce - Americ	
20 at 8	×	1 Never Merried 2 Me 3 X Widowed 4 Divorce		1 ☐ Yes If Yas, Gi	VA		1 ☐ Yes 2	2 No	Specify:			Specif	y: Wh	nite
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の記述の	Be	17. Fether's Neme (First, Middle Charles C. Co							18. Mother's	Name (Fin	st, Middla, I	Ma <i>idan Sum</i> ar Taufman	na)	
aryland 2 should be filed v and Mentai Hygie marked other t	10	0.000							0030	pirmi	- 11. 1	ia a i man		
Maryland d 2 should be file th and Mental Hy 7 is marked othe		19a. informant's Name/Relation	nship (Ty)	oe, Print)	3	19b. Ma	lling Address	(Stree	and Number of Rd Sui	r Rural Ro	uta Number	City or Town	, State, Zip	Code)
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5 - 3 E		20a. Method of Disposition			2	20b. Plece of Dis	position (Namemetory or or	na of		De	ata :	20c. Location	- City or To	wn, State
y or IT		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other		amovel from	Stata	New Cat			106/	12/	31/96	Balti	moro	
Baltimore, pamit. Peges 1 at Department of Hea important: if Item; any injury or othe		21. Signature of Funeral Service							ace of Encility T					
Department of the partment of		0011	2	40					ass of Facility [					21220
		Robert /	Juga	× 3	ehn				idson Av				e, MI	) 21228
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Physician														Onset and Death
/Medica		Immediete Ceuse (Finai diseasa or condition			0	neumon	3						1	51.
Examine		rasulting in daath)	а		3/	a to (or as a cons								Juays
	ē						044001100 017.						1	
OX D&/DU, certificate be executed iding physician and ise as the burlal-transit	Examiner	Conventinity list conditions	<b>C</b> b		Dur	a to (or as a cons	editable off.							
9, exec n an fal-tr	EX	Sequentially list conditions, if eny, laeding to immadiata cause. Entar Undarlying Cause (Disease or injury			Due	a 10 (01 a3 a 00113	oquarios oi).							
D&/DU, tificate be ex g physician as as the burial	cai	Cause (Disease or injury that initiated events	٥		Due									
ficat ox	/Medical	that initiated events resulting in death) Last			Due	e to (or as a cons	equanice or):							
Centi riding			C d											
that the death of by the attended for u	Physician													
d by the	ys	Part ii. Othar algnificant condit	lions con	tributing to d	eath but n	ot rasulting in tha	undariying c	ausa gi	ven in Part i.					the cause of death
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HECOTOS, P.O. ne law requires that the shes been signed by things 2 should be detached	by		7									Cittascii C	045 146	and a subana with the sile and
requirement house	) je										24a. Was a perforr		ave	ara autopsy findings aliable prior to mpletion of cause
2 8 W	pldu									_				death?
	Completed										1 🗆 Ye	s 2 No	10	Yas 22 No
ysician: The is s certificate he director, page	Be C	25. Was casa rafarrad to medic	al						28. Piaca of	Death (Ch	eck only on	a)		
Of VICAL Physician: Tribis certificate ral director, pa	To	examiner? 1 ☐ Yas 2 ☑ No	Н	ospital:	Inpatient	2 ER/Outpat	ent 3 DO	A Ot	hoe			ince 6 🗆 Ott	her (Snecifi	v)
O & 5 g		27. Mannar of Deeth		28a. Data	of Injury	28b. Tima		8c. Inju				w Injury occur		,,
Attending I actor: After by the funer	tio	1 Matural 5 ☐ Pand 2 ☐ Accident invas	ling tigation	(Mon	th, Day Ye	sar) Injury	м		rk? ]Yes 2 ☐ No					
Attending at death.	Certification:	3 Sulcida 8 Coui	d not be	28a Piace	of injury	- At home, farm,	street factory	office		281. 1	ocation /St	reet and Num	ber or Rura	al Routa Number,
E 849 F	ert	4 ☐ Homloida Gatar	mined	buildi	ing, atc. (S	Specify)	on oot, ractory	, 011100			City or Town			
P		29a, Certifier 1FK Certify	la a Dhana	Jalan Tarthia				- 1 44 - 1		1				
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And a series	Med	one)		and men	ner stated		200	Liene	an acceptant			Od Data stand		Dev. March
200	-	29b. Signetura end titla of certif	-	ich		MO	290	Lican	sa number			9d. Data signa		
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Regis		DEC 3 0 1996	d		>									

State of Maryland / Department of Health and Mental Hygiene

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							Ce	rtificate	e of	Death			Reg. No			0 2	000
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	/Medic		Elizabe				DE	NNIS				Decemb		6,	1 996	12:	15 am
E	Examir	ner		n Square	Hospit		er			ROS	SVIL		В		of Deeth imore		
Dir	inerai rector		5. Sociel Security N 21220657 Usuel Residence o	8	Sex 1 □ M 2/C)xF	7. Age (In yrs. I	Vre	Months	1 Year Deys		24 Hrs. Min.	8. Dete of B (Month, D JULY	ley, Year)	928		lece (Ste try) RYLAN	ete or Foreign
yland	M W		10a. Stete	10b. County		10c. City	, Town or Lo	ocation							16	Od. Insid	de City Limits
Mar	T D	ctor	MD	BALTIMO	RE		ESSE	X								10	Yes XXNo
th th	or 28	Director	10e. Street end Nu	mber				10f. Zip	Code				10g. Cit	izen of \	Whet Coun	try?	
th w	23a		1000 FR	ANKLIN A	VE APT.	912		21	221	L				USA			
72 hours efter death with the Maryland	d other than "natural", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 □ Never Merr  3 □ Widowed	led 2 Married	12. Wes Dec Armed Fo 1 Tyes If Yes, Gi Yeer or D	2 No		Was Decede If Yes, speci 1 ☐ Yes 2				ecify Yes or N Rican, etc.)	lo-		e - America ok, White, o		
2 hor	atura Estima		10	15. Decadent's E	ducation		16e. Dece	dent's Usue	Occup	petion			16b. K	ind of B	usiness/Inc		
within 7 ena.	C D	Completed	(Spec	only highest groundary (0-12)	ede completed) College (	1-4or 5+)	(Give	kind of work DO NOT use	k done e retire	during mos ed)	t of work	ing					
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ai H	New P	Be (	17. Fether's Neme	(First, Middle, Last	)					18. Mothe	er's Nem	e (First, Middle	e, Meiden	Sumen	ne)		
2 should be filed v and Mental Hygie		2	ANTHONY	RITTER						CECE	LIA	KOSTO	HRYZ				
2 sh	E E		19e. Informant's Na	ame/Relationship	Type, Print)		19b. Meili	ng Address	(Street	t end Numb	er or Run	el Route Num	ber, City o	r Town,	Stete, Zip	Code)	
무호!	2 2		MICHAEL A		/ SON		A	TIMIT		CT BA	LTIM	ORE, M	D 212	220			
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permit. Pag Department	any injury o		21. Signeture of Fo	meral Servica Lice	X X	oln.			ROS	SEDALE	FUN	ERAL H					
-			23e. Pert1. Enter to	he disease, or com of feilure. List only	one cause on a	ceuse the deeth	. Do not ent								T	Approxi	lmete Between
	ician				0.10 00000 0.11	30011										Onset e	end Deeth
	dicai niner		Immediete Ceuse diseese or condition		Comp	lete He	art Bl	ock a	nd	Hypot	ensi	on			4	5 M±	Inutes
LAGI	illiei	_	resulting in deeth)		0.	Due to (or	es e consec	quenca of):									
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Bout	and I-tren	Examiner	Sequentielly list co	nditions,	0.	Due to (or	es e consec	quenca of):									
6 eq	cian		cause. Enter Under Ceuse (Diseese or thet initiated events	arlying Injury	Athe	roscler	otic (	Corona	ry	Arter	y Di	sease					
ertificate be executed	physician and the burief-trensit	Medical	thet initiated events resulting in deeth)	Last		Due to (or	es e conseq	uence of):									
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deeth c	0 1	clar															
the d	detached	Physician	Pert II. Other signif	Icent conditions	contributing fo d	eath but not resu	tting In the u	nderlying ca	use gi	ven in Pert I							use of death?
thet	deta											1	Yes 2	□No	3 Prob	ably	4X Unknowr
requiras that	og p	d by										24e We	s an eutop	nev	24b. We	ere eutor	osy findings
-	should b	Completed										per	formed?	Jay	con	eileble pr mpletion	rior to of cause
e lav	De 2	ф													of c	deeth?	
The	rector, page											1 🗆	Yes 2	No	1	Yes	2□ No
Physician:	recto	Be	25. Wes case refer exeminer?		Hospitel:				O	har		h (Check only					
Phys	rai di	. To	1 ☐ Yes 220		28e. Dete		R/Outpetler 28b. Time of		Α.	4LI NU		me 5 Res				"	
dlng.	funer	Certification:	1 Neturel	5 Pending investigatio	(Mon	th, Dey Year)	Injury	M	Bc. Inju Wo	rk? ]Yes 2□		28d. Describe	HOW Injur	y occur	reu		
Attanding r death.	y the	lica	2 ☐ Accident 3 ☐ Suicide	6 Could not b	9 20 Plane	of Injuny - At hor	me form str			1103 2	12.2	28f. Location	/Street on	d Num h	or or Puro	I Pouto	Number
afte	Director: In by the	erti	4 Homlcide	determined	buildi	of Injury - At hor ng, etc. (Specify	)	eet, ractory,	Omca				own, Stete		er or nure	Noute /	vuiiiDe/,
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- 24	78	55	b /	1/2/	//	10				473					er 26		
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1	10		30. Name end addre	ess of person who ecklenber					uar	e Dri	ve	Baltim	ore.	Mar	yland	1 2	1237
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Registrar

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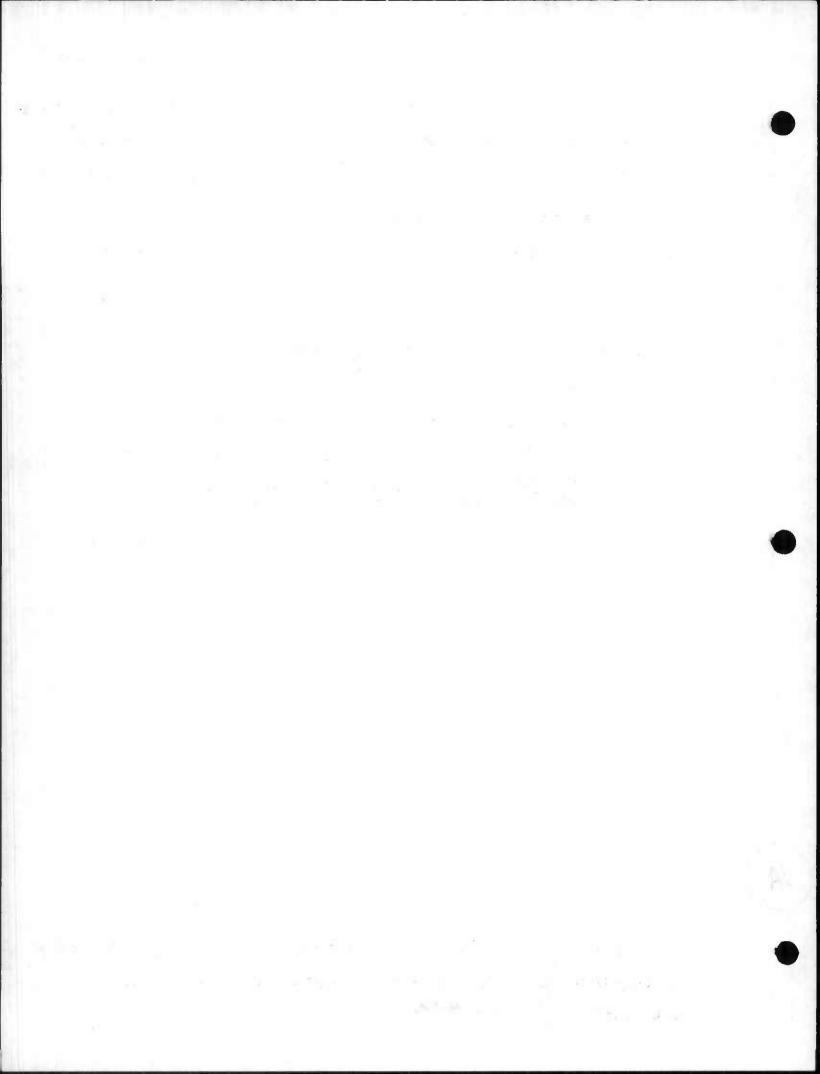
State of Maryland / Department of Health and Mental Hygiene 96

39356

						Ce	rtificate	e of	Death		1	Reg. No.		
Physici	an	1. Decedant's Name (Firs	, Middia, L	ast)				-		2.	Data of Dea	_	Year	3. Time of Death
/Medic		MARY	E			DUNN				D				6 3:30 A
Examir		4a. Facility Name (If not in	stitution, gi	ive street and numb	er)			4	b. City, Town				y of Death	
		SAINT JO							OWSON				LTIM	ORE
Funeral		5. Social Security Number	6.	Sex 7. 1 □ M 2 1 F		. last birthday) Yrs.	if Undar Months	1 Yaar Days	if Under 24 Hours	Min. 8.	Date of Birt (Month, Day	h v, Year)	9. Birthpl Coun	lace (State or Foreign
irector		217-01-3650 Usuat Residence of Dece	lent		83	113.				MA	ARCH 2	20,1913	BAL	TIMORE, MD
Show Man			County		10c. C	ity, Town or Lo	ocation						10	0d. Inside City Limits
듬글	ţ	MD B	ALTIM	ORE	В	ALTIMO	RE							1 ☐ Yes 2 ☑ No
To a	Director	10e. Street and Number					10f. Zip	Coda				10g. Citizen of	What Coun	try?
23a or 28a-f showers be notified at		5137 WESTLA	ND BO	ULEVARD			212	227					U.S.A.	
Tien Fa	Funeral	11. Marital Status		12. Was Decede	nt Ever in U	J,S. 13.	Was Deced	ant of H	ispanic Origin In, Mexican, F	? (Specify	Yas or No-		ce - America	
5 E	by	1 ☐ Navar Married 2 3 ☐ Widowed 4 ☐ D		1 Yes 24 If Yes, Give Year or Date	No		1 ☐ Yes 2		Specify:	-иепо ніса	an, etc.)	Specia	rck, White, of WH	ic. ITE
olcal Ex	ted	15. D	cedent's E	ducation ade completed)		16a. Dece	dent's Usuai	i Occup	ation	f wadin a		16b. Kind of E	Businass/Ind	ustry
2	Completed	Etamentary/Secondary	-	Collega (1-4	or 5+)	lifa.	DO NOT us	e retired		working				
r, the	Cor	12TH GRADE				PERS	ONNEL	MAN						
event,	Be	17. Father's Name (First, I		t)								Maiden Sumai	na)	
a tic	To	ROBERT READ								RY HO				
other traumatic		19a. Informant's Name/Ra										r, City or Town		Coda)
ther		MARY "PAT:		LUGER (DAU		Placa of Dispo			K CIRC		-	MD 212		Citata
		1 X Bunal 2 □ Cran	ation 3 [		te	cemetery, crai	matory or oti	her plac			Date	20c. Location		wn, Stata
9		4 Donation 5 DO		-	NE	W CATH		_		1 12	/28	BALTIMO	KE	
DUCE		21. Signature of Funeral S	ervice Lice	110					ss of Facility NERAL H	HOME.	INC.			
any injury or once.		17. 1	lap	Ceter	-	41	07 WI	LKEN	IS AVEN	NUE-B	ALTIM	DRE, MD	212	29
		23a. Part1. Enter the dise shock, or heart failur	ase, of con	one cause on each	ed tha dea n tina.	th. Do not ent	er tha moda	of dyln	g, such as ca	rdiac or re	spiratory ar	rest,		Approximata Interval Between
clan Ilcal		Immediate Cause (Final	/											Onsat and Death
iner		disease or condition resulting in death)		PNEU	IMONI									
	e e				Dua to (	or as a consec	quence of):						0.11	
	m m			b			1			<u> </u>				
	Examiner	Sequantiatly list conditions if any, leading to Immedia cause. Enter Underlying	e I		Dua to (	or as a consac	(uence of):							
ss the budal-tran		Cause (Disaase or Injury that initiated events	~	C	Due to /c	or as a conseq	uonna of):							
8	Medical	resulting In death) Last			D09 t0 (0	A as a conseq	derice or).							
88 88				d										
hed for	Physician	Part II. Other significant c	onditions of	contributing to death	but not res	utting in the u	nderivina ca	use aive	en in Part i.		23b. Did to	obacco usa co	entributs to	the cause of death?
ta d	hy.													ebly 4 ☐ Unknowi
8	by									_				
should be	ted										24a. Was a	n autopsy med?	24b. We	re autopsy findings llable prior to
50	ple						<u></u>			_	p.501		con	plation of causa eath?
eded	Completed										1 🗆 Y	es 27 No	10	Yes 2□ No
	Bec	25. Was case referred to researcher?	nedical						26. Place of	Death (CI		21		
	10	1 ☐ Yes 2 X No		Hospital:	itient 2	ER/Outpetlen	t 3 DO	A Othe	ar.			ance 6 Ott	nar (Specify	)
		27. Mannar of Death	Pending	28a. Date of in (Month, I	jury Day Year)	28b. Time of Injury	28	c. injury				ow injury occur		
	catl	2 Accident	nvestigatio	n	15, 75	,	М		Yes 2 □ No					
in by	Certification:		Could not be determined	28a. Place of	Injury - At heatc. (Specif	ome, farm, str	eet, factory,	office		28f.	Location (S City or Tow	treet and Numi n, State)	ber or Rurai	Route Number,
		29a. Certifier 1 ℃ C	rtifying Ph	ysician: To the best	st of my kno	wledga, daath	occurred at	t tha tim	a, data and p	laca, and	due to the c	ausa(s) and m	anner as sta	nted.
complete	edical	one)	wiedi CXBI	niner: On the basts and manner	or examina	uon and/or inv	estigation, I	m my op	union, death c	occurred a	t the time, c	ara and place,	and dua to	tna causa(s)
5	Σ	29b. Signature and title of	ertifiar	W 15 TO	,		29c,	License	number		2	9d. Date signe	d (Month, D	Day, Year)
		Alic		1/1/12	_		E	1439	74		D	eml.	27	11116
V		30. Name and address of p	erson who	completed cause of	death (tten	n 23a) (Type,								1
1		ALICE HSI	EH, N	1.D. 76	20 Y	ORK R	OAD.	TOV	SON,	MAR	YLAND	212	04	

Registrar

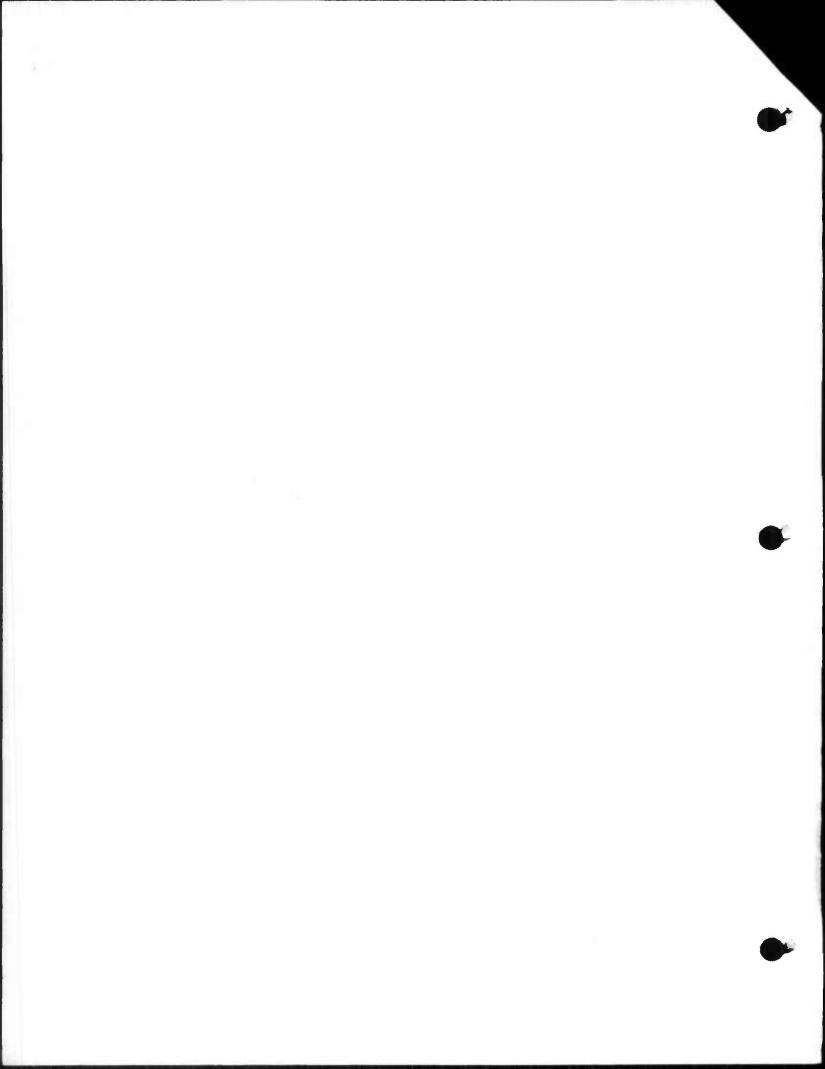
DEC 3 0 1996



VITAL RECORDS, P.O. BOX 68760  BALTIMORE, MARYLAND 21215-0020  JAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.  Trificiate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760  FIGH HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE BASEALL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, by the most after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  [MIPORTANE, II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBI ETER BY BUVEIOIAN, MEDICAL OFFICIALISM

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:RIIPI	CATE	OF DI	EATH		REG. NO					
										ember 26, 1998 2:19 a				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in we last hirthday) IS IMPER 1 YEAR IS IMPER												
TOR	219-42-6244	1 M 2 F	i. AGE (in yrs. last 91	YRS.	MONTHS D		MDER 24 HRS.	Janua	of Birth	1905	Count	HPLACE (State or Foreign ry) raska		
	9e. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY, TO	OWN OR LO	CATION OF D	EATH		9c. COL		TY OF DEATH		
	6825 Campfield Rd		Loc	chear	n			Ltimo	nore					
DIRECTOR	106. STATE 106. COUNTY Balt	timore	imore loc city, t			LOCATION						10d. INSIDE CITY LIMITS? 1  YES 2 NO		
	10e. STREET AND NUMBER			10f. ZIP	CODE			10g, CIT	IZEN OF	WHAT COUNTRY?				
FUNERAL	6825 Campfield F		21207				USA							
5	11. MARITAL STATUS  1 Never Married 2 K Married	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARR	MED O	13. WAS	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico			N7 (Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR					NO Speci		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Spec			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S U	USUAL OCCU	JPATION	working	16b	. KIND OF BU		DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	e retired.)	ing most or	vorang		Soci					
MP		+ Years	At	Attorney		y			Security Ad			ministration		
	17. FATHER'S NAME (First, Middle, Last)					18.			Middle, Meiden	Surname)				
BE	Nels Edberg						Mary							
2	196. INFORMANT'S NAME (Type/Print)  Margaret Edberg	Wife							ber, City or Tow			01007		
		- MILE	1						Balt		-			
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE All cemetery, cren	natory or oth	her place)			DAT						
	4 Donetion 5 Other (Specify)	FNSEE	Woodla	awn (	-		DRESS OF FA		28 Woo	dlaw	n, M	aryland		
	2 0 0 0					eral D	rect	tors	INC.					
	John V-	400		- 12	87	28 T.T	BERTY	ROAT	RAND	ALLS	POEN.			
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z	disease or condition reaulting in death)	DUE TO/ON	O CONSEQUENCE AS A CONSEQUENCE		fin	fac	ctu	2						
TION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate		R AS A CONSEQUE	LEA UENCE OF		fac	ctur	-						
ICATION	disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OF	R AS A CONSEQU	UENCE OF	):	Jac	ctu	~						
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State Registrar

29b. Signeture and title of cartifie

HALLOND D. KONOL 31. Dete filed (Month, Dey, Year)

DEC 3 0 1996

Juliux 111 Penn Street, Baltimore, Maryland 2120 33 Registrer's Signeture

Guia Davidson-Aundalla

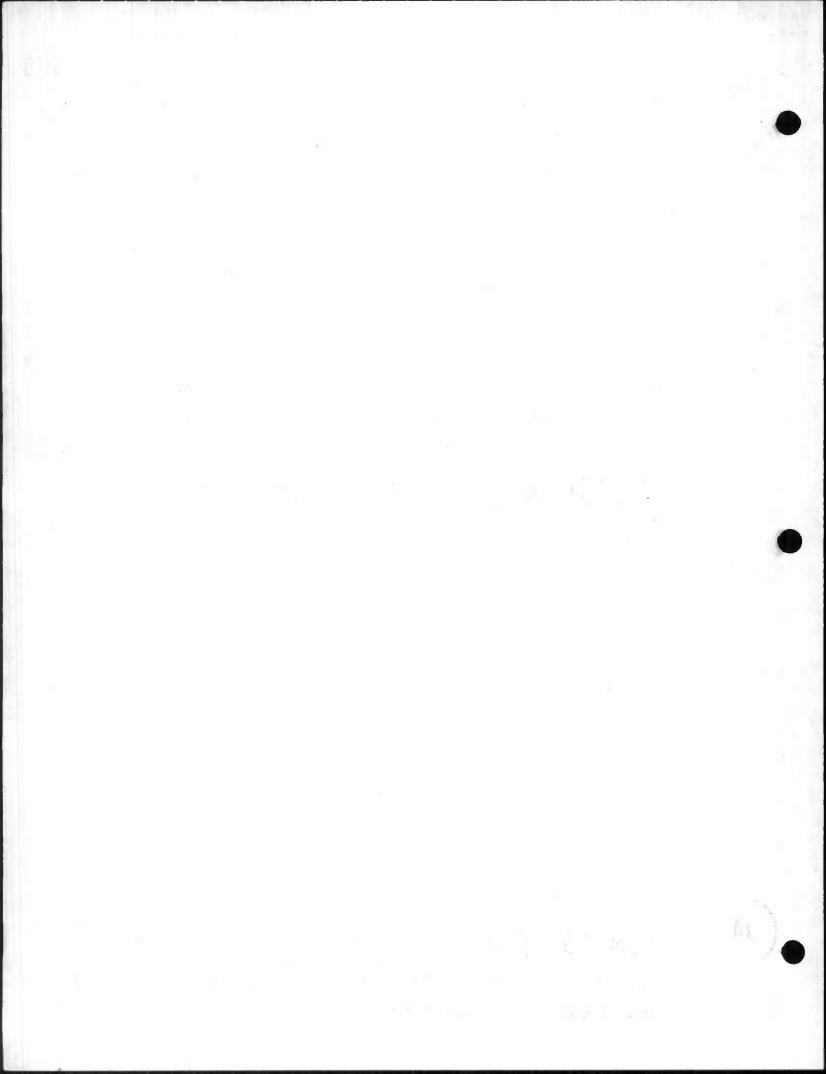
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

29c. License number

OCME

29d. Dete signed (Month, Dey, Year)

DECEMBER 26,1996



State of Maryland / Department of Health and Mental Hygiene

39359 Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Filar Theresa Wecember 28 1976 Wanda /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Fallston General Hospital Fallston Harford If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 11 01 18 9. Birthplace (State or Foreign Country) **Funeral** Months 1 □ M 2√2 F 217 07 9112 78 Yrs. Director Maryland Usual Residence of Decedent 10a, Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic avent, the Medical Examinar insist be not fied at 10d. Inside City Limits Md. N/A Director Baltimore 1√2 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 326 South Drew Street 21224 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Specify: White 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Clerical Md. Grocery Assn. 8 17. Father's Neme (First, Middle, Last) 16. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Sinsko Karolinna Bartosz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21084 Dolores C. Peck, Daughter 3213 Rocks Chrome Hill Road Jarrettaville, Md. 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBurlai 2 ☐ Cremetion 3 ☐ Removei from State 12-31-96 Balto., Md. St. Stanislaus Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility Charles S. Zeiler & Son Inc. 23a. Pert 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** SMAN CELL LAD, FRENTIATED LLANG CANCIER 16 MONTHS /Medical tmmediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s the burial Box 68760. Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the a should be detached f Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown METASTASES P ATRIAL FIBRILLATION Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 2 TNo 1 ☐ Yes 2 ☐ No ding Physician: certifica Be 25. Was cese referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4☐ Nursing Home 5☐ Residence 6☐ Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 26a. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. Injury et Work? edical Certification: 28b. Time of 28d. Describe how injury occurred After 1 Watural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. To the 29b. Signature and title of portific 29c. License number 29d. Dete signed (Month, Dey, Year) DECEMBER 28, 1996 731775 Enthose M. J. (Type, Print) 31/2 BELAN (LOAD)
ENTHOSE M. J. (Austral) 32. Registrar's Signeture 31. Date filed (Month, Day, Year) State DEC 3 0 1996 what Davidson Registrar

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Local Co., 1945.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39360

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1	Exami		4e. Fecility Neme (If n	ot institution, giv Crowson		- 2						n of Deat	th 4c. County of Death			
	Funeral Director		Social Security Number 6. 8		ex MM 2□F	7. Age (In yrs	s. last birthday) Yrs.	If Under 1 Yes	Yeer	If Under 24 Hours	Hrs. 8. C	Dete of Bir Month, De 5 15	th ly, Year) 62	9. Birthp Cour Marv	9. Birthplaca (Steta or Foreign Country) Maryland	
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	h the Marylan r 28a-f ahow	ctor	Md.	0b. County N/A			City, Town or Lo Baltimo							1	10d. Inside City Limits 1 Wes 2 □ No	
	23e or 28	i Dire	10a. Street end Numb 3512 Ma	tthew <sub>s</sub> St	treet				Zip Code 21218				10g. Citizen of What Country? USA			
20	or Nems	by Funeral Director	11. Marital Status  1 Never Merried 3 Widowed 4	1 Never Merried 2 Merried 1 If You				Was Decade f Yas, specif		dispanic Origin en, Maxican, P Specify:	? (Specify uarto Ricar	Yes or No n, atc.)		can indian, atc.		
21215-0020	72 hours "natural",	D D		5. Decedent's Ed	Yaer or D	atas:	16a Dagge	dent's Usuel	Occur	ation			16b. Kind of Business/Industry			
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212	yethin plene. r than "	Completed	Eiamentary/Second	lery (0-12)	College (	1-4or 5+)		od Pro					Hospita	Hospital		
Maryland	should be filed within 72 h nd Mentel Hygiene. marked other than "netu imatic evant, the Medical	To Be C	17. Father's Neme (Fi	rst, Middle, Last) R. Faul				18. Mother's Neme Joan M.						na)	Ų.	
ary	ges 1 and 2 should it of Heelth and Men If flem 27 is marke or other traumatic.	۳	19e. Informent's Nam	e/Reletionship (	Type, Print)		19b. Mellir	ng Address (	Street	end Number o	r Rural Roi	ute Numb	ber, City or Town, Stete, Zip Code)			
	CA		Howard R. 1	Faulkner	Father	c	1						. 21220			
re,	of Herrican		20a. Mathod of Dispos		•	20b.	Plece of Dispo camatary, crer				1	ete		. Location - City or Town, Stete		
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Baltimore,	permit. Pages 1 and Department of Heelth Important: If flem 27 any Injury or other tr once.		21. Signature of Funa	rel Service Licen	see A	٠١				ss of Facility Zeile:						
-			23a. Part1. Enter the shock, or heart t	wer I	رلا در					ern Ave					Approximate interval Between	
	Examiner u end el-transit	Examiner	disease or condition resulting in death)  Sequentially list cond if any, leeding to imm	itions,	b	Due to	(or es e conseq	uence of):		7			ries De			
68760,	certificate be executed nding physician end use as the burlel-transit	n/Medical E	Sequentially list cond if any, leeding to imm cause. Enter Underly Cause (Diseasa or Inj thet Inhiated events resulting in death) La:	ing ury st	C	Due to (or es a consequenca of):										
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0	the etter the for u	sicia	Part fl. Other significa	ificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.							23b. Dld tobacco use contributs to the causs of death?					
0 0	requires that the deeth seen signed by the etter hould be detached for a	by Physician										10	Y88 2 No	3 Pro	bebly 4 Unknown	
Records,	> 10 (t)	Completed b									_		an autopsy primed?	ev co	ere autopsy findings ellable prior to empletion of cause death?	
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of Vital	delan: The certificate rector, pag	BeC	25. Was case referred to medical 26. Piece of Dee							Deeth (Ch	eth (Check only one)					
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o uoi	or trending Physical death.  Director: After this in bitte funeral d		27. Menner of Death   Naturel   Accident	5 Pending investigation	28a. Dete (Moni	28b. Time of Injury	28b. Time of 28c. Injury et 28d. I					d. Describe how injury occurred				
Divis		Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Couid not be determined	200. FIECE	Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)					28f. L	28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)				
A	Full Colored	edical C	29e. Certifier (Check only one)	∠ Cartifying Phy ☐ Medical Exam	iner: On the be	best of my kn asis of examin ner steted.	owledge, deeth etion end/or inv	occurred et restigetion, in	the tir	me, date and p pinion, deeth o	lace, and d occurred at	lue to the tha tima,	ceuse(s) end m data and place,	ennar as a and due to	teted. the ceuse(s)	
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	8		30. Neme end address	s of persen who o	completed caus	se of deeth (Ite	em 23e) (Type,	Jale Jale	07	1 2	2,20	, –	Chara	e to	Freyton	
	Sta Regista		31. Dete filed 120.	3"0"1996	32 P	32 Registrar's Signeture Julia Davidson Aundalia										

State of Maryland / Department of Health and Mental Hygiene 39361 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month Dey Year DECEM DERZ7, 157 5 SARA **Physician** FUXMAN 0340 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTIMORE RANDALLSTOWN NORTHWEST HOSPITAL CONTER If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, YAUG. 13, 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country)
 MARYLAND **Funeral** 1□M XXF 99 Yrs. Director 220-05-0565 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be nothed Director 1 ☐ Yes 2√ No BALTIMORE REISTERSTOWN the 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 6 items 23a 12020 REISTERSTOWN ROAD 21136 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours efter 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Maryland 21215-0020 "naturel", or 1 ☐ Yes 2 X No Specify: Specify: WHITE À 3 kg Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 HOUSEWIFE OWN HOME permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: if Item 27 is marked other any lightry or other traumatic event, page. 17. Fether's Name (First Middle Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be LOUIS FANNIE **JACOBSON** 19e. Informent's Neme/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) HENRY FOXMAN / SON 117 ROCKRIMMON RD. REISTERSTOWN, MD 21136 Baltimore, 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - Cify or Town, Stete 1X Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) MIKRO KODESH BETH ISRAEL 12/29/96 BALTIMORE, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Interval Betwe Onset end Deeth **Physician** DNIEUMONYA /Medical immediate Cause (Final diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of) Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? É Unknown 1 ☐ Yes 2 ☐ No 3 ☐ Probably signed b Records, à Completed 24e. Wes an autopsy performed? 24b. Were autopsy findings evelleble prior to completion of cause of death? page 2 No No certificate 1 🗌 Yea 20 No Vital or Attending Physician: 25. Wes cese referred to medical Be 28. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 npatient 2 ER/Outpetient 3 DOA Division of this funerai 27. Menner of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending i after death.

I Director: After od in by the fu 1 Tyes 2 No investigation 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) illed in by 4 Homicide T the Hospital of within 24 hours a country of the Funeral D 11 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) end menner stated. Medical 29e. Certifier (Check only one) 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number DECEMBER 27, 1996 30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) BALTO. MD 21133

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture relia Davidson

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State of Maryland / Department of Health and Mental Hygiene 96

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	Examir		4a. Facility Nama (If not institution	, give street and number	7)			4b. City	, Town, or L	ocation of Dea		inty of Death	
			STELLA MARIS HO	SPICE				7	rowson	1	BAL	TIMORE	3
-	Funeral		5. Social Sacurity Number		ga (In yrs. last	birthday)	if Under 1 Ye		ndar 24 Hrs.	8. Date of B	irth	9. Birthp	place (Stata or Foreign
	Director		216-34-4343 Usual Rasidance of Dacedant	1 DM 2 0 F	59	Yrs.	Months Da	ys Hou	urs Min.	8. Date of B (Month, D MAY 2.	2,1937	MAR	YLAND
	ylan		10a. State 10b. County		10c. City, To	own or Lo	cation					1	0d. Insida City Limits
	2 should be filed within 72 hours efter deeth with the Maryland and Mental Hygiene. Is marked other than "natural", or frems 23a or 28a-f show aumstic event, tra Medical Examiner must be notified at	Funeral Director	MARYLAND BA	LTIMORE			BALT	MORI	E		10a Citizan	of What Coun	1 Yes 2 No
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三	permit. Pag Department Important: It any injury o		21. Signature of Funarai Service I			22	. Nama and Ad	dress of Fa	acility				
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	Physician /Medical Examiner	ner	Immediate Causa (Final disease or condition rasuiting in death)	a LUNG	CANCI Dua to (or as			ASTA	ATIC	ADEN	XCARC	Andul	Onset and Death  Onset and Death
	be executed sician end buriel-transit	Examiner	Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated evants	<b>f</b> b	Dua to (or as	a conseq	uence of):						
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	daa be at	Physician	Part II. Other eignificant conditio	ns contributing to death	but not resuiting	In tha ur	darlying causa	givan in P	art I.	23b. Dic	tobacco use	contribute to	the cause of death?
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Division	To the Hospital or Atten within 24 hours efter deat To the Funeral Director: completely filled in by the	rtific	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homloida datarmi	ned 289. Place of in	jury - At homa, tc. (Specify)	farm, stra	aat, factory, offi	ce		28f. Location City or To	(Street and Nu own, Stata)	m <i>ber</i> or Rurs	I Route Number,
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State of Maryland / Department of Health and Mental Hygiene 9 6 39363

					Certific	ate of	Death		Reg. No.		
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	pu .		Usual Rasidance of Dacedant  10a. Stata 10b. County	100 Cit	y, Town or Location			1110) 10			
	f short	20	Maryland N/A		altimore					100	d. inside City Limits  1   Yas 2   No
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	h with	al D	3512 Rosekemp Ave	nue		21214	}		United	States	S
5-0020	72 hours effer deeth with the Maryland natural", or Nema 23a or 28a-f show dical Examiner must be notthed at	by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 🕱 Widowed 4 Divorced	12. Was Decedant Evar in U Armed Forcas? 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas:		cedent of H pecify Cubs 2 X No	lispanic Origin? (S an, Maxican, Puart Specify:	pecify Yas or No o Rican, atc.)	- 14. Rac Blac Specify	e - Amaricar ck, Whita, at Wh	
2-0	n 72 hours "natural", edicsi Eva	eted	15. Decedant's Edu (Specify only highast grad	cation a completed)	16a. Decedant's U (Giva kind of	work dona	during most of wor	king	16b. Kind of B	usinass/Indu	stry
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anc	Mental H Mental H srked out	Be C	17. Fathar's Nama (First, Middla, Last)				18. Mother's Nen	Glorio:		na)	
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-	1 end 2 Health a em 27 is ther tra		Mrs. Jeanette Daw	son / Daughter	13223	Colon	ial Road	0cean	City,	Md. 2	21842
Baltimore	80= 2		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☒ Othar (Spacity)	amoval from Stata	Place of Disposition (Income tary, cramatory or raine Par	r othar plac	1	Data 2/30/96	20c. Location -		
Balti	Departmen Important: any Injury	N I	21. Signature of Funarai Sarvice Licens  Mark T. 2	Mark T. Zav	oyna 22. Nama Lec	and Addra	ss of Facility J. Ruck, ford Roa	Inc.	timore,		21214
	Physician /Medical Examiner	Examiner	23a. Part1. Entar tha diseasa, or complehock, or heart tailure. List only of immediate Causa (Final diseasa or condition resulting in death)  Sequentially list conditions,	Cardiope Cardiac	consequence	Ache	rrest	or raspiratory a	11001,		Approximate near passed and Death Death Death -4 hours
Box 68760,	the death certificate be executed by the ettending physicien and sched for use as the burial-transit	edicai	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or Injury that Initiated evants rasulting in death) Last		ras a consequance of	fevo	Dis.	ease			lyen
0	ires that the death cer signed by the ettendin d be detached for use	by Physician/M	Part ii. Other significant conditions con  Hyper Len	stributing to death but not resu	ulting in the underlyin	g causa giv	an in Part I.	23b. Did	~		he cause of death?
Records,	e lew requ hes been ge 2 shoul	Completed I						perfo	an autopsy emed?	avali	e sutopsy tindings able prior to plation of cause eath?
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ouo	5 5 70		27. Menner of Death  1 Natural 5 Pending  20 Accident investigation	28a. Data ot Injury (Month, Day Year)	28b. Tima ot Injury	28c. Injur			how Injury occur		
	after of Ar Direct Jin by	Certification:	2 Accidant investigation 3 Sulcida 6 Could not be datarmined	28a. Place of Injury - At he building, atc. (Specify	oma, farm, straat, tac			28t. Location (. City or To	Streat and Numb wn, Stata)	per or Rural F	Routa Number,
/	n 24 hours a	edicai C	29a. Certifiar (Check only one) 1 Certifying Physical Examination (Check only one)	olcian: To the best of my knower: On the basis of examination and manner stated.	wledge, death occurr tion and/or invastigat	ed at tha tin on, in my o	ne, data and place pinion, daath occu	, end due to tha rred at tha tima,	cause(s) and me data and piace,	anner as stat and due to th	ed. ne causa(s)
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State Registrar

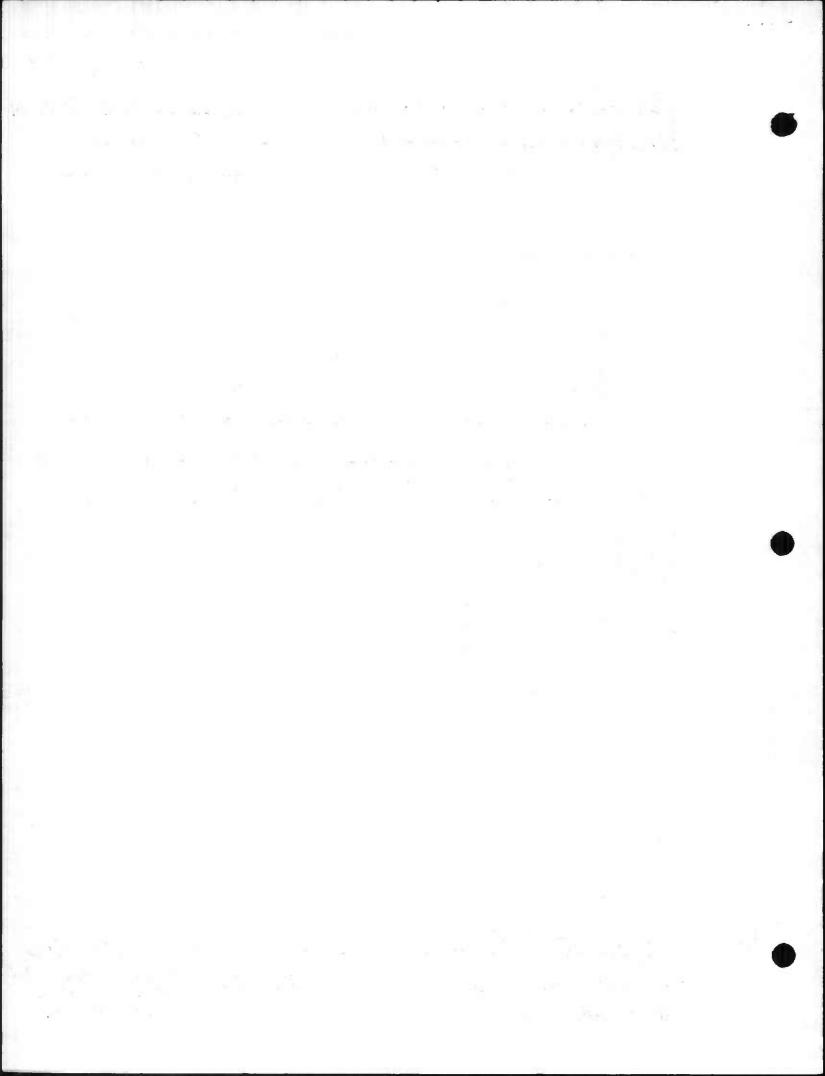
30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

Edward Alten Seidel MD Good Samurisan Hospital ER Scot Lock Paran Brus

31. Dete tiled (Month, Dey, Year)

DEC 3 0 1996 Julia April Scon-Randelle

212 39-2995



State of Maryland / Department of Health and Mental Hygiene 96 39364

						Cert	tificate of	Death		Reg. No.	O	0 0 0	UT
	3.4	100	1. Decedent's Neme (First, Middle, Le	ast)					2. Date of	Deeth		3. Time	of Death
я	Physic /Medi		LYNN MARIE	FREEZE					Decemb	per 25,	1996	9:25	P.M
	Exami		4e. Fecility Name (If not institution, gir	ve street and number)				4b. City, To	wn, or Location of De		ty of Deeth	1	
			Washington Cou	unty Hosp	ital			Hage	erstown	Wa	shir	ngton	
	Funeral Director		215-84-2400	Sex 7. Age 1 □ M 2 PS F	33		If Under 1 Year Months Deys	-	Min. (Month,	Birth Day, Year) , 1963		pplece (State untry) 1and	or Foreign
	pue *		Usuai Residence of Decedent  10a. State 10b. County		10c. City, To	wn or Loc	ation					10d. Inside (	City Limite
	/aho	5											s 2 No
	the the control	Director	Maryland Washing	gton	па	gerst	10f. Zip Code		-	10g. Citizen o	f What Co	untor?	
	with you			1 77				0			What Oot	unity :	
	Jeath Tre 2:	Funeral	19308 B Smallwo	od Terrace		13. W	2174 as Decedent of	Hispenic Ori	gin? (Specify Yes or	USA No- 14. Re	ace - Amer	rican Indian,	
Maryland 21215-0020	hours after death with the Maryland lurel", or items 23a or 28a-f show at Exactinet must be morified at	by	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☒ N If Yes, Give Yeer or Detes:	ło	if '	Yes, specify Cul ☐ Yes 2⊠ No	oan, Mexicar	, Puerto Rican, etc.)	Spec	ack, White	ite	
0-0	n 72 hours "natural",	pe	15. Decedent's E		18	a. Decede	nt's Usual Occu	pation		16b. Kind ot	Business/I	ndustry	
215		Completed	(Specify only highest grant (0-12)	ade completed) College (1-4or 5	+)	(Give ki	ind of work done O NOT use retin	during mos d)	t of working	Antiet	am Me	dical	
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yla		ပို	Bernard J. Free	eze				Loi	s M. Haase	en			
Var	C1 00 00 00		19a. Intorment's Neme/Relationship						er or Rural Route Nu	mber, City or Tow	n, State, Z	ip Code)	
	1 and Health em 27		M/M Bernard J. Fr	reeze (Pare				a Rd.	Eldersbu		2178		
0	Peges 1 annent of Heart of Heart of Heart or other		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐	Removal from State	cemet	ery, crema	ition (Name of atory or other pi	ace)	Date	20c. Location			
Ħ	t. Pertmentment:		4 □ Donation 5 □ Other (Special	**	Lake	-	Memori			Sykesv	ille	, Mary	land
Baltimore,	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Funeral Service Lice	nsee		Lo	ring By 28 Libe	ers Fu	ineral Dir	ectors,		21133	
			23a. Part Enter the disease, or comshock, or heart failure. List only	plications that caused one ceuse on each lin	the deeth. Do						1110	Approxima Intervai Be	ate etween
	Physician /Medical Examiner		Immediate Cause (Final disease or condition	Close	d Hea	d In	jury				office office of	8 hou	
П	LAGIIIIII	<u>.</u>	resulting in deeth)		Due to (or as	a consequ	ence ot):			·	1		
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	and and l-trar	Examiner	Sequentially list conditions, if any, leading to immediata		Due to (or es a								
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68760,	entificate be executed Jing physician and se as the burial-transi	/Medical	that Initiated events resulting in death) Last		Due to (or es e	•					i		
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Record	been s	Completed I								as an autopsy erformed?	a	Were autopsy vallable prior completion of death?	rto
	0 4 6	E							1	Yes 25 No			□ No
Vital		Be C	25. Was case reterred to medical					28. Place	of Deeth (Check on				
	Physician: This certific ral director,	To	examiner? 1 X Yes 2 No	Hospital:	nt 2 ER/C	Outpatient	3 DOA	her:	rsing Home 5 🗆 R		ther (Spec	cify)	
o u			27. Manner ot Deeth  1 Netural 5 Pending	28a. Date of Injur (Month, Day	y 28b.	. Time of Injury	28c. Inju	iry at	28d. Descrit	be how injury occ	bernu		
Sio	Attending r death. sotor: Afte by the fund	atic	2 Accident investigatio	n December 25		1:30		Yes 2 X	No Moto	r Vehicle	e Cra	sh	
Division	5 등 등	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Inju- building, etc Interst:	. (Specify)		Route		City or	n <i>(Street</i> and Nur Town, State) rstate	nber or Ru 70	ral Route Nui	mber,
	10.0	edicai	29a. Certifier (Check only one) 1 ☐ Certifying Ph	nystcian: To the best of ntner: On the basis of end manner sta	examination a	ge, death o ind/or inve	occurred at the t estigetion, in my	lme, date an opinion, dea	d place, and due to the three days the time.	he cause(s) and r ne, deta and piace	nanner as , and due	stated. to the cause	(s)
	To the To the To the Complet	Me	29b. Signature and title of certifier				29c. Licen	se number		29d. Date sign	ed (Month	n, Day, Year)	
	1050		Dolwar 1	DAOC	6	>	D-1	.062		Decemb	per 2	6, 199	6
	10		30. Name and address of person who	completed cause of de	eath (Item 23a	(Type, P	rint)						
	L		Edward W. Dit					n Stre	et, Hager	stown, M	d. 21	1740	
			31 Date filed (Month Day Veer)	A									

DHMH 16 Rev 6/95

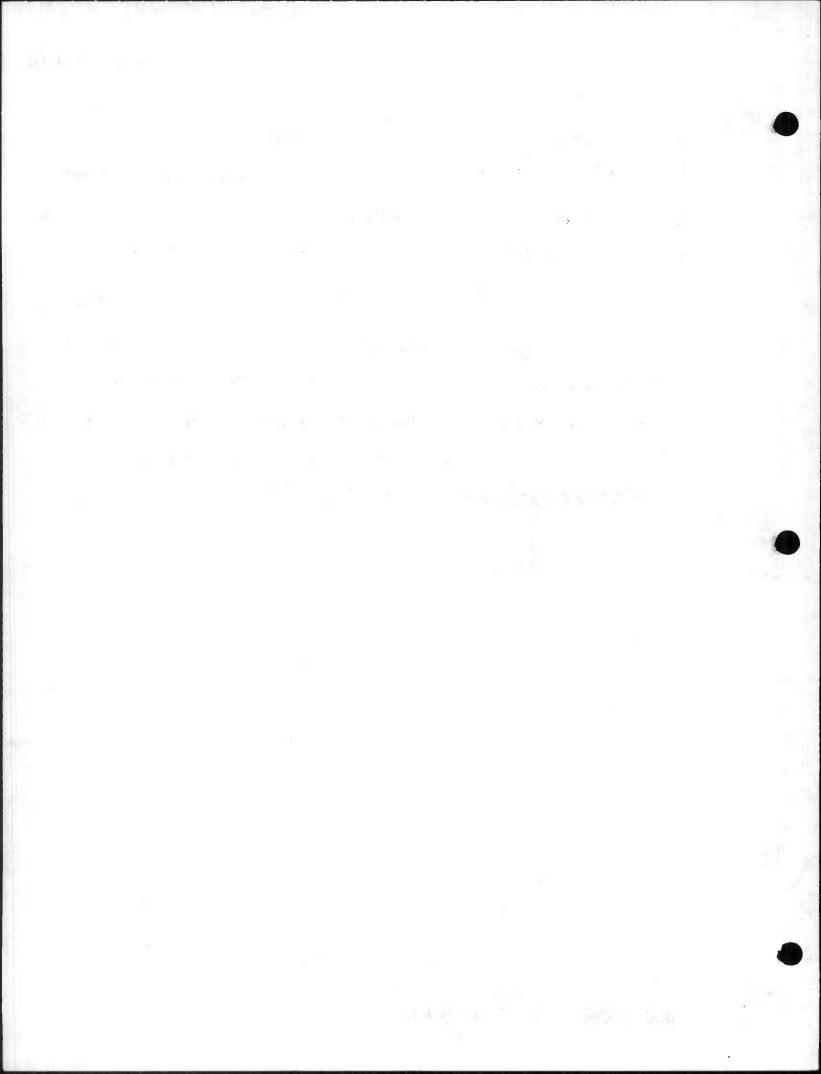
Registrar

AL REAL PROPERTY. Earner Brown wer Gerick Kerning in 1997

State of Maryland / Department of Health and Mental Hygiene 96 39365

	C	ertificate of	Death	Re	eg. No.		0000
Physician	1. Decedent's Name (First, Middle, Last)  DOROTHY A. FORMAN	011		2. Dete of Deet Month	h Day	Year	3. Time f De th
/Medica			th City Town and a	DEC	20	1996	1330 PM
Examine	4a. Facility Name (If not institution, give street and number)  ST. AGNES HOSPITAL		4b. City, Town, or Lo BALTIM		4c. County N/A	of Death	
Funeral Director	5. Social Security Number  220−38−7888  6. Sex  1 □ M 2 □ F  7. Age (In yrs. last birthda  7. Age (In yrs. last birthda)	Months Days		8. Dete of Birth (Month, Day, MARCH	Year)		ace (State or Foreign ry) 'LAND
P 2	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or	Location		THIROIT	3,13,10		
within 72 hours after death with the Manyland ena. than "natural", or items 23a or 28a-f show he Medical Examiner must be notified at ministed by Firmaral Diractors.	Total Carly, Tellines	OTT CITY				10	od. Inside City Limits  1 ☐ Yes 2 ☒ No
vith the Mar	10e. Street and Number	10f. Zip Code		10	og. Citizen of V	Vhet Count	
238 0	11795 TRIADELPHIA ROAD		21042		U.S.A		
"natural; or items 23a or 28a-f show isolical Examiner must be notified at interest by Firmeral Director	1 Never Merried 2 Married 1 Yes 2 No	3. Was Decedent of If Yes, specify Cult 1 ☐ Yes 2 ☐ XNo	Hispanic Origin? (Spe ban, Mexican, Puerto I Specify:	cify Yes or No- Rican, etc.)		e - America k, White, e	
A, the Medical E	15. Decadent's Education (Specify only highest grade completed) (Git (Git (Git (Git (Git (Git (Git (Git	cedent's Usual Occu ve kind of work done DO NOT use retire EMAKER	duning most of workly	ng	16b. Kind of Bu		ustry
	2 YRS	EPIANEN	18. Mother's Name	/Cina Adiabatic A			
marked off	LOUIS FERDINAND ZAISER		MILDRED E			-/	
s mer	19a. Informant's Name/Reletionship (Type, Print) 19b. Ma	illng Address (Stree	t and Number or Rura	l Route Number,	City or Town,	State, Zip (	Code)
n 27 is m ser traum	HOWARD J. FORMAN, JR (HUSBAND) 1179	5 TRIADEL	PHIA ROAD-	ELLICOT	T CITY	, MD2	1042
at to	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State cemetery, ci	sposition (Name of rematory or other pla	,	13.4	Oc. Location -	City or Tow	m, State
injury injury	4 Donetion 5 Other (Specify) LOUDON P	ARK CEMET		2/23	BALTIMO	DRE	
any and		22. Name and Addr HUBBARD F	UNERAL HOM	ME INC.			
	23a. Part1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. Littl only one cause on each line.	4107 WILK	ENS AVENUE	E-BALTIM	ORE, MI		229 Approximete
iclan	shock, or heart failure. Lift only one cause on each line.	,		. respiratory one			Interval Between Onset and Death
dical	Immediate Cause (Final disease or condition sentic shoe	k					24 hours
niner	Immediate Cause (Final disease or condition resulting in death)  a.   Septic Shoe  Due to (or es a cons	sequenca of):					24 hours
nine		ailure					2 days
ial-transit	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or injury	equence of):					
as the bun	The initiated events	equence of):					
Medi	resulting in death) Last	aquarica or).					
letached for use as the burial-transit  Physician/Medical Examir	0.						
ached	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause gi	ven in Part I.				the cause of death?
be det	breast cancer			1 Ye	s 2 No	3 Probe	ibly 4 ☑ Unknown
				24e. Wes an	autopsy	24b. Wer	e autopsy findings ieble prior to
page 2 should				portoni		com	pletion of cause eath?
Com				1 ☐ Ye	2 No	10	Yes 2□ No
irector, page 2 s	25. Was case referred to medical examiner?	100	26. Place of Death	(Check only one	)		
P -	1 □ 1 os 2 □ NO 1 □ Inpatient 2 □ ER/Outpatient	ent 3D DOA	her: 4 Nursing Hom				
Certification:	1 ☑ Natural 5 ☐ Pending (Month, Day Year) Injury 2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	M 1	Yes 2□No	8d. Describe how			
ertif	4 Homicide determined 28e. Place of Injury - At home, farm, s building, etc. (Specify)	street, rectory, office	2	8f. Location (Str. City or Town,		er or Hural i	noute Number,
icai	29a. Certifier (Check only one)  1 ✓ Certifying Physician: To the best of my knowledge, dea 2 ☐ Medicat Examiner: On the basis of examination and/or i and manner stated.	ath occurred at the ti investigation, in my o	me, date and placa, a opinion, death occurre	nd due to the car d at the time, de	use(s) end mar te and piece, e	nner as stated	led. he ceuse(s)
Comple	29b. Signature and title of certifier  K. Chantomraeng M-D-	29c. Licens	9145		d. Dete signed		
3	30. Name and address of person who completed cause of deeth (Item 23a) (Type	e, Print)					
1	KONGSAK CHANTORNSAENG ST. AGMES HOS	PITAL 900	CATON AVE.	BACTIMO	RE, MD	2122	9
State	31. Date filed (Month, Day, Year)  32. Registrar's Signature						
Registrar	DEC 3 0 1996 Gulia Miridson-Randelle						

DHMH 16 Ray 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39366

1			1. Decedent's Nem	e (First, Middle, E	tst)						2. Dete of De			3. Time of Deeth
	Physic /Med		GEORGI	3	MARVIN	1	FLOY	D,SR.			DEC.	21 1	996	6:45 P
۱	Exami		4e. Fecility Neme (I			umber)				4b. City, Town, or L BALTIMO			y of Death	
	, Funeral Director		5. Social Security N 215-22-88	64	Sex 1☑M 2□F	7. Age (In yrs	i. lest birthdey) Yrs.	If Under 1 Months	Year Days	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D MARCH	rth 21,1928	9. Birthp Coun MA	lece (Stete or Forei try) RYLAND
	and *		Usual Residence of 10e. Stete	10b. County		10c C	ity, Town or Lo	cation					4	Od Incido City I Impl
	sho	5	WD			,,,,,		TMORE						0d. Inside City Limit  1X☐ Yes 2☐ N
	the Marylar 28a-f show	Director	MD 10e. Street end Nur	N/A			DALI							
	23a or	rai Dir	1553 COLE					10f. Zip (				10g. Citizen of U.S		try?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Haulth end Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic svent, its Medical Examiner must be profited at	by Funeral	11. Maritel Stetus 1 ☐ Never Merri 3 ☐XWidowed	ed 2 Married	Armed F 1 ☐XYes	cedent Ever In Corces? 2 No No No Detes:		Wes Decede If Yes, specif 1 ☐ Yes 2	y Cub	dispenic Origin? (Spen, Mexicen, Puerto Specify:	ecify Yes or No Rican, etc.)		ce - Americ ck, White, y:	
5-0	72 hours natural',	ě	(Snac	15. Decedent's E	ducetion	0	16a. Deced	dent's Usuel	Occup	petion during most of work	ina	16b. Kind of B	usiness/Inc	lustry
Baltimore, Maryland 21215-0020	filed within Hygiena. other than "ent, if a Wes	Completed	Elementary/Second 10TH GRA	ndery (0-12) DE	College	(1-4or 5+)	life. I	NTENAI	retire	d)		APARTM		OMPLEX
ylanc	2 should be filed and Mental Hygis Is marked other aumetic svent, II	To Be	17. Fether's Neme (HOWARD B.	FLOYD						18. Mother's Nem			ne)	
, Mar	i and 2 sho Haalth end em 27 is m		19e. Informent's Ne GEORGE FL				19b. Meilir 759	ng Address (	Street	end Number or Run REET - PA	SADENA,	MD • 21	Stete, Zip 122	Code)
imore	0 0			osition  Cremetlon 3 [ 5  Other (Speci		State	Plece of Dispo cemetery, cren ESAPEAK	netory or oth	er ple	on II	Dete 2/26	20c. Location - BELTSV		
Balt	permit. Pag Department Important: It any Injury o		21. Signature of Fu	ne/al Service trice	nsee M	anro	. Н	UBBARI	DF	uss of Fecility UNERAL HO ENS AVENU			D 212	29
	Physician /Medical		23a. Part . Enter the shock, or heer Immediate Cause (					er the mode	of dyir	ng, such es cardiac	or respiretory a	rrest,		Approximate Interval Between Onset and Deeth
	Examiner		disease or condition resulting in deeth)	1	e. EMP	HYSEMA								1
		ē				Due to (	or es e conseq	uence of):					1	
	secuted and al-transit	Examiner	Sequentially list con if eny, leeding to im ceuse. Enter Under Cause (Disease or I	ditions, mediate	b	Due to (	or es e conseq	uence of):						
Box 68760,	sath certificate be executed attending physician and for use as the burial-transit		Cause (Disease or I that Initiated events resulting in death) L		C	Due to (	or es e consequ	uence of):						
Вох	attending for use a	clan/Medical			d									
P.O.	ras thet the de signed by the a I be detached	Physic	Pert II. Other signiff	cant conditions	contributing to d	leath but not res	sulting In the ur	nderlying cau	ıse giv	ren in Pert I.				the cause of death
	as the	by												
9	aw requi	Completed									perfo	en autopsy ommed? ection	CON	re autopsy findings illable prior to apletion of cause leeth?
=	E se	S									1 🗆	Yes 2 No	1 🗆	Yes 2 No
/ita	Physician: The this certificate ral director, part	Be	25. Wes case referre	ed to medicel						26. Plece of Deet	h (Check only	one)		
of	Physic this o	2	1 N Yes 2 □ N		Hospitel: 1	Inpatient 2	ER/Outpetien	d 3□ DOA	Oth	er: 4 Nursing Ho	me 5 💢 Resi	dence 6 Oth	er (Specify	)
	ding h. After fune	atlon:	27. Manner of Deeth  1 Neturel  2 Accident	5 Pending Investigatio	n	of Injury th, Dey Year)	28b. Time of Injury	M 280	i. Injur Wor 1 □	y et k? Yes 2 □ No	28d. Describe	how Injury occur	red	
5	or At efter of Direct in by	Certification:	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	286. Place	e of Injury - At h ing, etc. (Speci	ome, ferm, stre	eet, fectory, o	office		28f. Location ( City or To	Street and Numb vn, Stete)	er or Rurei	Route Number,
	Hospital	lcal C	29a. Certifler (Check only	Certifying Ph	ysician: To the	best of my kno	owledge, deeth	occurred et	the tin	ne, dete end plece,	and due to the	ceuse(s) end ma	nner as ste	eted.

State Registrar

Donald G. Wright M.D.

29b. Signeture end title of certifler

31. Date filed (Month, Dey, Year)

32. Registrer's Signeture

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

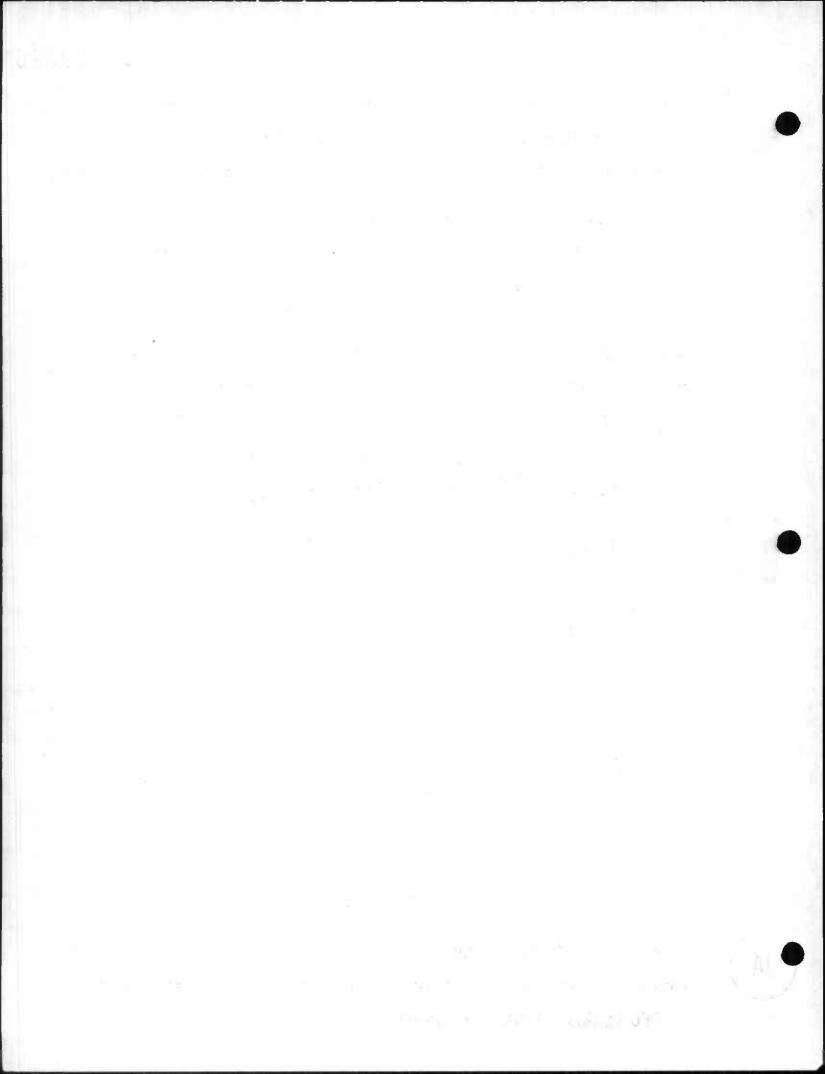
29c. License number

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

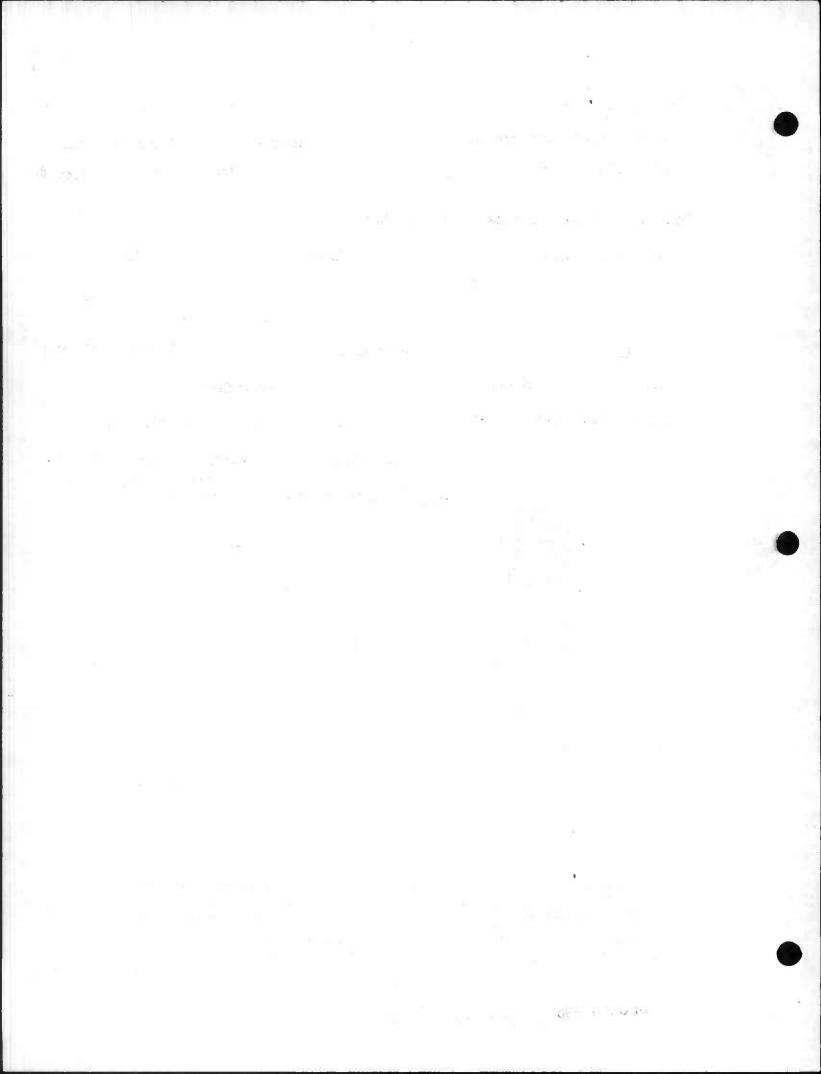
29d. Date signed (Month, Day, Year)

DECEMBER 24,1996



State of Maryland / Department of Health and Mental Hygiene

					Cert	ificate of	Death		Reg. N	-	0 3	9361
Dhualata		1. Decadent's Nama (First, Middle	Last)					2. Data	of Death	Day _	Yeer 3	3. Time of Death
Physicia /Medica		Thuriel (	filmore					Du	emb	21 8	1996	9:20 po.
Examine	er	4e. Fecility Neme (If not institution) Prince George	giva street and number)	tal				vn, or Location o		c. County		
Funerai				ge (In yrs. last		If Undar 1 Yaar Months Days			of Birth hth, Day, Yea		9. Birthplace Country)	a (Stata or Foreign
Director		Usuel Residence of Decadent		59	Yrs.			10	/30/19	937	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Virgi <del>P</del> a
show		10a. Stata 10b. County		10c. City, To	own or Loca	ition						Insida City Limits
the Man 28a-f sh notified	ctor	Maryland Princ	ce Georges	Pal	mer P	ark						14 Yas 2 □ No
or 28	Director	10e. Street and Number				10f. Zip Code			10g. 0	Citizen of V	Vhat Country?	
23a	ral	7901 Scott Ro	oad				785			U,S,A		
urs a	by Funeral	11. Maritel Status  1 Naver Married 2 Marri 3 Widowad 4 Divorced	12. Was Decedant Armad Forcas  ed 1 Yes 2 If Yas, Giva Year or Detes:	Evar in U,S. No		es Decedant of Yes, specify Cut		in? (Specify Yes Puarto Rican, a	or No- tc.)		e - Amarican I ck, Whita, atc.	
n 72 hours netural',	Completed	15. Decedant	's Education	10	6a. Decede	nt's Usual Occu nd of work dona O NOT usa retire	petion	of working	16b.	Kind of Bu	usinass/Indust	lry
within 7 ene. than °r	nple	(Specify only highas Elamantary/Secondary (0-12)	Collega (1-4or	5+)	_		ed)	or working		7222		
Hygiene. rther than	Co	12			Mai	ntance						Complex
ould be filed Mental Hygi arked other atic avent, I	Be	17. Fathar's Name (First, Middle, I Harry	Gilmore					r's Nama (First, I				
marked	2	19a. Informant's Name/Relationsh		1	Ob Mailing	Address /Stree		anche Ge				eda l
atth and N 27 Is ma or trauma		Earline Sneed			-			Palmer				ue)
9 5 5		20e. Method of Disposition	•	20b. Place	of Disposi	tion (Nama of		Data			City or Town,	State
ment of I		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp				cemete:		12/14	196	Orang	e, Vir	ginia
교 된 된 금	-	21. Signetura of Funarai Sarvice L				Nama and Addr			1		ain St	-
Depa Impo any I	-1	Joseph W.P. Pr	eddy		Pro	eddy Fu	neral 1	Home			. 2296	
physicials the burners	9	Immedieta Causa (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immedieta causa. Entar Undarfying Cause (Disease or injury that initiated avents rasulting in death) Last	a. Lali b. Chro	Dua to (or as Dua to (or as	a conseque	ance of):	-hos sm	(5				3 years
	Σ		d			_					1	
ned by the attendir	Completed by Physician	Part II. Other significant condition	ns contributing to death b	out not resulting	g in tha und	arlying cause g	ivan In Part I.	231	b. Did tobace	_/		e cause of death?
as been signed t	npieted t	Nepati ti	SB					246	. Wes en au performed?		evellet	autopsy findings ble prior to ation of cause th?
director, page 2							_		1 🗆 Yas	2 No	1 □ Ye	es 2 No
Sector	Be	25. Was casa rafarrad to medical axaminar?	Hospitel:			0		of Death (Check	only ona)			
00	tion: To	1 Yas 2 No  27. Manner of Deeth  1 Natural 5 Panding 2 Accident Invastig	28a. Date of Inju (Month, Da	iry 28t	Outpetient b. Time of Injury	28c. Inju			Residence scribe how in			
within 24 hours ofter death.  To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Suicida 8 Could n 4 Homicida determi	ned   28a. Placa of Inj	ury - At homa, c. (Specify)	, farm, strae	t, factory, offica		28f. Loca City	ation (Street or Town, Sta	end Numb ata)	er or Rural Ro	outa Number,
within 24 hours To the Funeral completaly filled	edical	29a. Certifier (Check only one)	Physician: To the best xaminer: On the basis of and manner st	f axamination	ige, deeth c and/or inva	ccurred at tha t stigetion, in my	ima, deta and opinion, daatt	i placa, and dua h occurred at the	to the cause tima, data a	(s) and me ind place, a	enner as stated and dua to the	d. i cause(s)
within To th compl	Me	29b. Signature and title of certifier	o, Mi	)		29c. Licen	se number	8	29d. [	Data signed	d (Month, Day	( Year) 9 6
State Registra		30. Name and address of person was a survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival of the survival	one completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of cause of completed cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause	leath (Itam 23) MD, ar's Signatura aridson—)	119	Capi	tol x	vijls. n	glod.	, Ca	nd tot	W X L



State of Maryland / Department of Health and Mental Hygiene 95

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icai	L	ois	He1	en	Gat1	in										23,	1996	3:	52 p
iner		acility Nem					,					4b. City,	Town, or L	ocation of i	Death	4c. Count	y of Deeth		
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	4	45-30 Residence	-880	0	. Sax 1 ☐ M	XIXF		in yrs. lest 68	Vrs.	Months	Deys		ar 24 Hrs. Min.	8. Data of (Mont) Feb.	of Birth h, Dey, Ya		9. Birthi Coul Ok1al		tata or Fo
		Steta		County			10	Oc. City, To	own or Loc	cation						-		10d. Insi	Ide City Li
ţ	M	D		Pri	nce	Geor	90	Lauı	-61										Yes 2X
Funeral Director		Streat and	Number	111	ince	OCOL	50	Daul		10f. Z	ip Code				10g.	. Citizen of	Whet Cou	ntry?	
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þ	3	□ Navar M			1 1	Armed Fo Yes f Yes, Giv raer or D	XIX No					Specia		o Rican, etc	;.)	Specif	y: White,	atc. ite	
Completed		/0	15. De	ecedent's	Educatio	n n platad)		16	Sa. Deced	lent's Usu	el Occu	pation	and and susan	laka a	168	b. Kind of B	usiness/In	dustry	
nple	Ele	ementery/S				n <i>pietea)</i> Coilege (1	I-4or 5+)		life. D	OO NOT	use retin	during mo	ost of wor	King					
00	1	2			4+				Home	make	r					Own I	lome		
Be	17. F	ather'e Ner	me (First, I	Middle, La	st)							18. Mot	her's Nam	e (First, Mi	iddle, Mei	iden Sumer	ne)		
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	19e.	Informent's	s Neme/Re	eietionship	(Type, F	Print)		1	9b. Meilin	g Addres	s (Stree	t end Num	ber or Ru	rel Route N	lumber, C	ity or Town	, Stete, Zip	Code)	
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		Method of I			ПРото	val danum l		20b. Pleca ceme	of Dispos tery, crem	sition (Ne	me of other pla	ice)		Dete	200	c. Location	- City or To	own, Ste	ota
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State of Maryland / Department of Health and Mental Hygiene

39369 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Day **Physician** BERTHA GORBACK 6:45 M DECEMBER 27 1996 /Medicai 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPITAL SINAI BALTIMORE N/A 5. Social Sacurity Number 6. Sax If Undar 1 Yaar 7. Aga (In yrs. last birthday) If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) **Funeral**  Birthplaca (Stata or Foraign Country) Months Days Hours 1□M 2XF 93 Yrs. 182-24-7172 Director SEPT. 18, 1903 RUSSIA Usuel Residanca of Dacedent the Maryland 10e State 10b. Count 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinet must be not fed at 10d. Inside City Limits Director 1X Yas 2 No MD N/A BALTIMORE 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 2901 FALLSTAFF ROAD APT. 102 21209 death Funeral U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Dacadant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarlcan Indian, Black, Whita, etc. 72 hours efter 1 ☐ Navar Marriad 2 ☐ Marriad 1 ☐ Yas 2 ☑ No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Specify: WHITE 3 Widowed 4 □ Divorced Yaar or Datas Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada completed) 16b. Kind of Businass/Industry permit. Peges 1 and 2 should be filed within Department of Health end Mental thygiene. Important: If Item 27 is merked other than "nany Injury or other traumetic event, the Med Elamentery/Secondary (0-12) Collaga (1-4or 5+) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) Be 0 LOUIS SCHNITZER UNKNOWN YETTA 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) SEYMOUR GORBACK / SON 2901 FALLSTAFF RD #102 BALTIMORE, MD 21209 20b. Place of Disposition (Nema of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XXBurial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 12/29/96 REISTERSTOWN, MD HAR SINAI CONG. 21. Signature of Funeral Service List 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 ter me disease, or compile tions that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximata Interval Batwaan Onset and Death **Physician** /Medical Immadiate Cause (Fine) S M(n) disaasa or condition rasulting in deeth) **Examiner** Myscasolase physician end s the burief-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Diseasa or injury that initiated evants rasulting in daath) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of): 9.5 attending for use es signed by the sid be deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 🗹 Unknown Records, g Be Completed 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? peed pege 2 2 No certificate 1 ☐ Yas 1 ☐ Yes 2 ☐ No Division of Vital director, 25. Was casa referred to medical 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Yas 2 No 1 ☑ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mengar of Deeth 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After Hospital or Attending 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide To the Hospital c vithin 24 hours a To the Funeral C completely filled 1 Cartifying Phyalcian: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. Medical 29e. Cartifiar (Check only one) 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) Deen! 30. Neme end eddrass of person who completed cause of death (Item 23e) (Type, Print) dal one MICHAEZ LEVIN Wo Willal & 31. Data filed (Month, Dey, Year) 32. Registrer's Signatura State Like Davidso Registrar DEC 3 0 1996

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene

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Baltimore, Maryland	t. Pages 1 and 2 should fment of Heelth end Mer tant: If item 27 is marke njury or other traumatic	To	19a. Informant's Name/Relationship (T)  19a. Informant's Name/Relationship (T)  20a. Mathod of Disposition  1	Gaddy 74  20b. Placa of Disgematary, co	alling Address (Streat and Number or F  3 E. Furnance  position (Nema of ramatory or other plece)  1 Mount  22. Nama and Address of Fecility	Branch F	21 /1/ 1	Burnie Md.
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	leath certificete be executed attending physician and for use es the buriel-transit	√Medical Examiner	Sequantially list conditions, if any, leeding to immadiata causa. Entar Underlying Ceusa (Disaasa or injury that initieted events rasulting in deeth) Last	Dua to (or as a cons  Dua to (or as a cons  Dua to (or as a cons  d.	equance of):	ant 1	Di se	el.
ecords, r.o	iw requires that the d s been signed by the 2 should be deteched	Completed by Physician/M	Part II. Other eignificant conditions con	ntributing to death but not resulting in the			2₽No 3□ Prot stopsy 24b. We eve	the cause of death?  abily 4 Unknown  are autopsy findings illable prior to impletion of cause death?
or vital	ysician: The Is certificate h director, page	To Be	25. Was case referred to medical axaminer?  1 Yes 2 No  27. Mannar of Death  Naturei 5 Panding 2 Accident investigation	Hospital: 1 Inpatiant 2 ER/Outpati 28a. Data of Injury (Month, Day Year) 28b. Time Injury	ent 3 DOA Other: 4 Nursing of 28c. Injury at	1 ☐ Yes neth (Check only ons) Homa 5 ☐ Rasidance 28d. Dascribe how in	8 Other (Specify	Yes 2□ No
	one roopies or Attanding Front and Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of	Medical Certification:	3 Suicida 4 Homicide 6 Could not be determined	28a. Place of Injury - At home, ferm, shuilding, atc. (Spacify)	ath occurred at the time, date and place	City or Town, St	(s) and manner as et	eted. the cause(s)
(			30. Nama and address of person who co	e Future 22 (Type SPSCO AVER)	D18476		2/26/98 Mylan	2/227
	Sta Registr		31. Dete filed (Month, Dey, Year) DEC 3 0 1996	32. Registrar's Signatura				

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

39371 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Day Jeanne Houck Gelston /Medical December 26, 1996 4:30 A.M. 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care Ruxton TOWSON
if Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. Baltimore Co. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 💢 F Yrs Director 044-14-8189 82 March 10,1914 Pennsylvania the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Modical Examinat must be notified at Director 1 Yes 2 No Baltimore Co. Maryland Towson 10e. Street and Number 10f Zip Code 10g. Citizen of Whet Country? death Funeral 8434 B Charles Valley Court 21204 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Black, White, atc. filed within 72 hours after I ☐ Yes 2 ☐ No If Yas, Giva A Yeer or Dates: 1 Never Merried 2 Married 21215-0020 1□ Yes 2√2 No ρ 3X Widowed 4 □ Divorced White Completed 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elamentary/Secondary (0-12) College (1-4or 5+) 12 04 Home Maker Own Home Maryland 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be 1 nent of Health and Mental I int: If item 27 ia marked of Emily Williams Wendall Paul Bradford Houck 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) nt of Health a : If item 27 is or other tre 211 Witherspoon Road Susan G. Mink (Daughter) Baltimore, Maryland 21212 Baltimore, 20e. Melhod of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stale 1 XBurlai 2 ☐ Cremation 3 ☐ Removal from State Department of important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) 12/30/96 Baltimore, Maryland Green Mount Cemetery 21. Signelure of Funerel Service Licensee Jeffrey I. 22. Name end Address of Facility Ruck Towson Funeral Home, Inc. Gair 1050 York Road Towson, Md. 21204 Petal. Enter the disease, a complications that cannot the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, owneast faiture. List only one ceuse on or philine. Physician /Medical Immediate Causa (Final disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Lest the burial-trar Due to (or as e consequence of): The law requires that the death certificate be execu Box 68760. attending physician Physician/Medical Due to (or es a consequence of). 88 P.O. the t Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? signed by to 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, p Completed BACTERIAL EndocArditis 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopay 1 ☐ Yes 28 No 1 ☐ Yes 2 ☐ No of Vital Physician: certifica 25. Wes case referred to medical Be 26. Placa of Death (Check only one) Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA After this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred Division Bullpue 1 Naturef 2 ☐ Accident 5 Pending investigetion NA 1 ☐ Yes 2 ☐ No 0 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Dire 4 Homicida ò 1 Certifying Physicien: To the best of my knowledga, death occurred et the time, date end place, end due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basic of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and the or cert 29c. License number 29d. Dele signed (Month, Dey, Year) 0 30. Nama and eddress of parson who complated cause of death (Item 31) (Type, Print) 31. Dale filed (Month, Day, Year)
DEC 3 0 1996 State

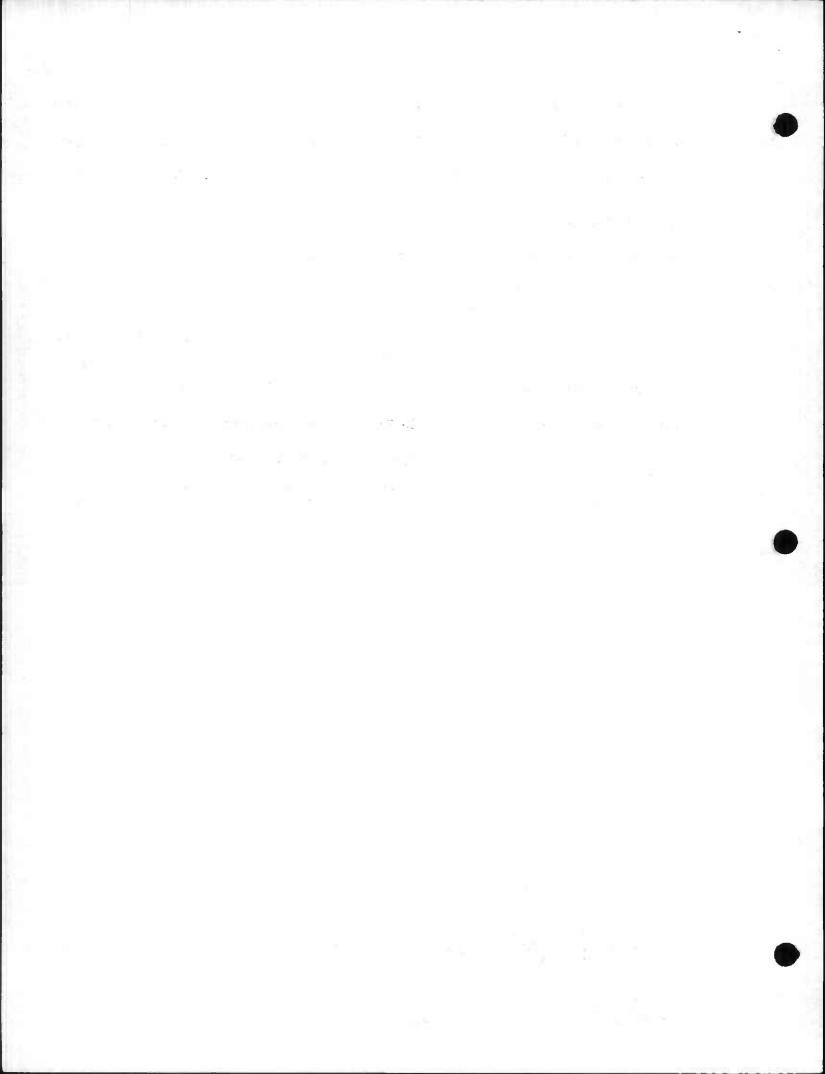
DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

39372 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Gleason Month **Physician** David 1113 AM Decembe 76 1996 /Medical 4c. County of Death 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death Examiner Hospital CENTER Randallstown onthurst Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, If Undar 1 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) Funeral 12 M 2 ☐ F Months Days Nov 3, Director 216-28-8474 65 Maryland Usuai Rasidance of Decedant death with the Maryland 10a. Stata 10b. County 10c. City. Town or Location show 10d. insida City Limits 7 is marked other than "natural", or itams 23s or 28s-f shor traumetic avant, the Moulosi Examinar must be notified at Director 1 ☐ Yas 2 No Maryland Milford Baltimore 10e Street and Number 10f Zlp Code 10g. Citizan of What Country? itams 23a or 21244 USA 3232 N. Rolling Rd. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ⊠ Yas 2 ☐ No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian. Biack, Whita, atc. 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: à 3 Widowed 4 □ Divorced Yaar or Datas: Korea White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pagas 1 and 2 should be filed within it beartmant of Health and Mental Hygiene. Important: if item 27 is marked other than "n any injury or other traumatic avant American National Elemantary/Secondary (0-12) Collega (1-4or 5+) Can Co. 7 years Containers 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 Patrick Henry Gleason Beatrice Anna Louis 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Reisterstown, MD Patricia Ann Cotten 326 Highknob La. 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donation 5 Other (Specify) Lake View Memorial Park 12-28 Sykesville, MD 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 21 Signature of Funaral Sarvice Licenses 8728 Liberty Rd. Randallstown, MD 21133 entar tha disaasa, or complications that caused tha death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** 2 horus /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner Examiner physician and s the burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as a consequence of): attending p Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. tha signed by to 1 Yes 2 No 3 Probably 4 Denknown þ should 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has certificata 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas 2 No 1 npatiant 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of Injury 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? Aftar I or Attending Fatter death. 1 Natural 5 Panding Invastigation aftar death. Director: Aft 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homlcida Sung Fumeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Cartifler (Check only one) 29b. Signature and the o 29c. Licensa number 29d. Data signed (Month, Day, Year) Decouder 20, 1996 my 30. Nama and andrass of person who complated causa of death (Itam 23a) (Type, Print) Nay Charest Hago Center IMPERIAL Vr 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Lia Lavidson-Randall DEC 3 0 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 39373 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death **Physician** Month GOR RERA HATTIE VIRGINIA /Medicai 4a. Facility Name (If not Institution, giva street end numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Fallston General Hospital Fallston Har ord If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foraign Country) **Funerai** 1□M 2\ F Deys Months 213-28-6392 65 Vrs Director July 8, 1931 Maryland Usual Rasidence of Decedent Pagas 1 and 2 should be filed within 72 hours eftar death with the Meryland nent of Health and Mental Hygiene.
Int: If Item 27 ie marked other than "natural", or Items 23a or 28a-f show Iry or other traumatic evant, in a Medical Examination is inclined at 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Kingsville Baltimore 1 ☐ Yes 2 📉 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12441 Jerusalem Road 21087 U.S.A. Completed by Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 8th grade Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middia, Maidan Sumama) Be C. Raymond Nellie C. Smith 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Catherine E. Horton (dghtr) 12441 Jerusalem Rd., Kingsville, MD 20a. Method of Disposition 20b. Place of Disposition (Nema of cametary, crametory or other place) Date 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or price. 4 ☐ Donation 5 ☐ Other (Specify) Oak Grove Baptist Cem. 12/24/96 Bel Air, Maryland 21. Signature of Fundal Service Licensee 22. Nama and Address of Facility
Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23a. Port. Entar tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, note, or heart failure. List only one ceuse on each line. Approximata interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner or Attending Physicien: The law requires that the death cardicete be executed burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or es e consequence of) usa as Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? yd bengis 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ paga 2 should be 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? IDDM 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No this cartificate director, 25. Was case referred to medical 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 30 DOA 2 EnvOutpatient funeral 28a. Date of injury (Month, Dey Year) 28c. injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Aftar 5 Panding investigation t Naturai To the Hospital or Attendit within 24 hours efter death.

To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homicida 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the causa(s) and manner stated. Medical 29a, Cartifian 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signatura and title of certific 30. Name and address of person who completed cause of deeth (Itam 23a) (Type, Print) FALLSTON GEN HOSP, FALLSTON. MD R-RAO GURUBHAGAVATULA

State Registrar 31. Date filed (Month, Day, Year)

DEC 3 0 1996

32. Registrar's Signature

#### Please Type or Print in Black indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month C. G/ass Zelda 2 /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Deeth BAIto BAHD If Under 24 Hrs. Frederick Villa DUrsing Home If Under 1 Year 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthday) Funeral Birthplece (Stete or Foreign Country) 1□M 25 F Deys Months Hours Yrs 216-36-3939 88 Director Maryland 1-17-08 Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland Baltimore Baltimore Director 1 Yes XX No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whaf Country? 731 Charing Cross Rd. 21229 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: ð 1 ☐ Yes 2/5/No þ Baltimore, Maryland 21215-002 Specify: 3℃Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 2 years Secretary Health Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 should be fi and Mental F permit. Pages 1 and 2 should be Department of Health and Mental Important: If them 27 is marked of Michael Healy 2 Katherine McAuliffe 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Catherine G. Kenney 731 Charing Cross Rd. Baltimore, Maryland 21229 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematorium 12/30/96 Baltimore, Maryland 22. Name end Address of Fecility David J. Weber Funeral Home 5311 Edmondson Ave. Baltimore, Maryland 21229 23a. Pert1. Enter the disease of complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. Left only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medicai Immediate Cause (Final diseese or condition resulting in deeth) Examiner Examiner vere certificate be executed -transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last and Due to (or es e consequenca of): P.O. Box 68760. Physician/Medical Due to (or attending a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? certificate 1 Yes 1 ☐ Yes 2 ☐ No of Vital Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) his 27. Menner of Dee 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Division or Attending Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours of To the Funeral Completely filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a. Certifier

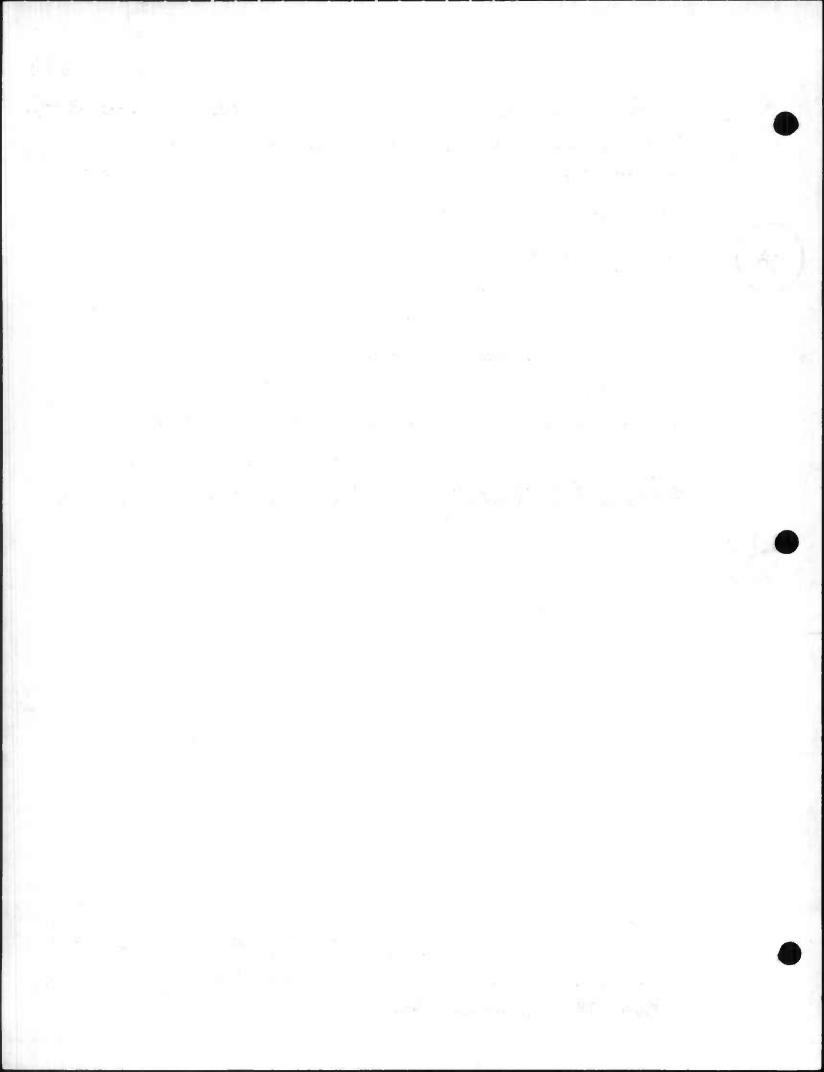
State Registrar 29b. Signature and title of certifier

DEC 3 0 1996

31 Date filed (Month, Day

m 236) (Type, Print)

29c. License number

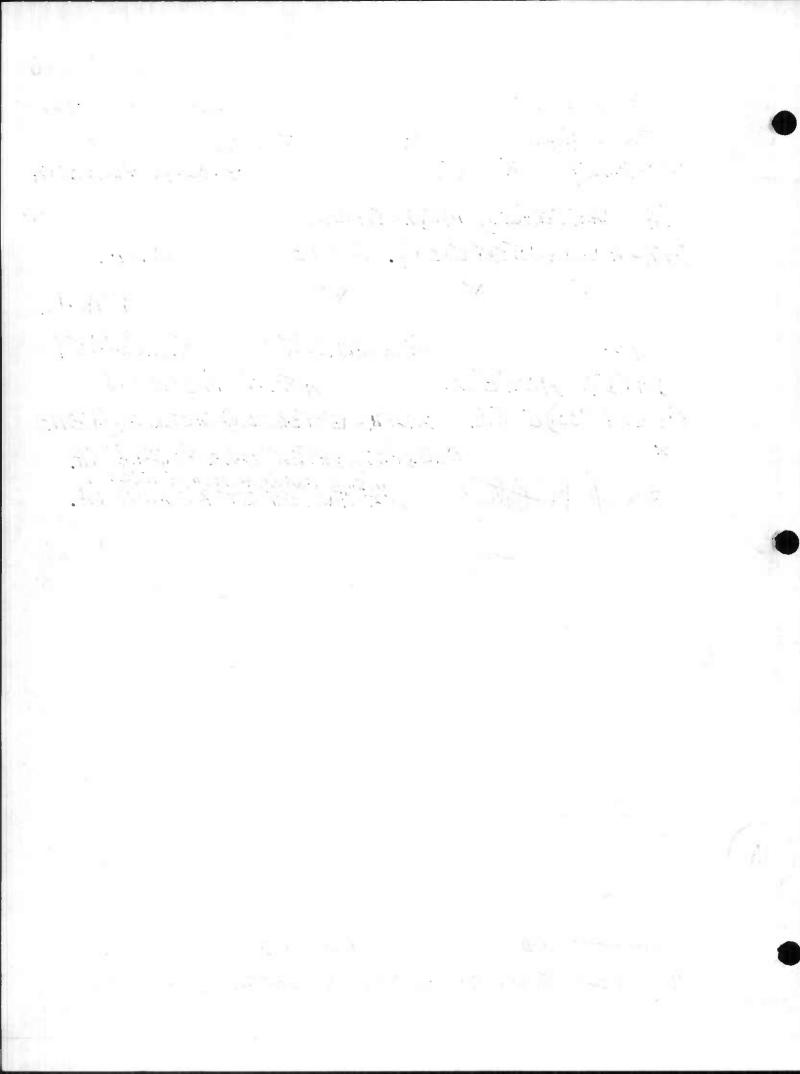


39375 State of Maryland / Department of Health and Mental Hygiene 96

							Cer	tificate of	f Death		Reg. No.		00010
	Dhusia	ion	1. Decedent's Neme (First, M	iddle, L	ast)		0	100-1		2. Date of D Month	eath Dsy	Year	3. Time of Death
	Physici /Medi		CARNEIO				66	JARNI	ERH	Decem			11:57 pm
)	Exami		4a. Facility Name (If not instit	ution, gi	ve street and numb	er)		=	4b. City, Town, o	or Location of Dea	th 4c. County	y of Death	
	Funeral		Good Samarita  5. Social Security Number	_		Age (In yrs. la	st birthday)	If Under 1 Yes	Baltimo	re Irs. 8. Date of B	N/A	9 Birthn	place (State or Foreign
	Director		218-09-2589 Usual Residence of Deceden		1₩ 2□F	83		Months Day	s Hours M	Novemb	irth Pay, Yeard er 15,191	5 Mar	place (State or Foreign ntry) yland
	yland		10a. State 10b. Co.	inty		10c. City,	Town or Lo	cation				1	Od. Inside City Limita
	Mar	Director	Maryland Balt:	more		Cat	consvil]	le					1□Yes 2¬No
	or 28	Sire	10e. Street and Number			-		10f. Zlp Code			10g. Citizen of	What Cour	itry?
	23a	le	1715 Crosby 1	Road				21228	3		U.S	.A.	
27	172 hours effer death with the Maryland "natural", or flems 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ 1  3 □ Widowed 4 ☑ Divo		12. Was Decede Armed Force 1 TYPes 2 If Yes, Give Year or Date	es? □ No		Vas Decedent of Yes, specity Cu ☐ Yes 2 △ No	Hispanic Origin? ban, Mexicen, Pu o Specify:	(Specify Yes or Nerto Rican, etc.)	lo- 14. Rai Bla Specif	ce - Americ ck, White, by: Whi	etc.
5	n 72 hours "natural", polical Ext	8	15. Dece	dent's E			16a. Deced	ent's Usual Occ	upation		16b. Kind of B		
2	C	Completed	(Specify only his Elementary/Secondary (0-1	1	ade completed) College (1-4)	05.54\	(Give I	kind of work don OO NOT use retii	e during most of w red)	vorking			
1	d withinglene.	E	8	2)	College (1-4)	01 34)	Labor	rer			Shi	pping	
2	ai Hygic other	Bec	17. Father's Name (First, Mid						18. Mother's N	lame (First, Middl	e, Maiden Sumai	me)	
3	should be and Mentai marked of umatic eve	To	Salvatore Guar	mera					Concet	ina DiA	ntoni		
Daiminore, mai ylailu zizio-0020	ges 1 and 2 should be filed within to Health and Mental Hyglene. If Item 27 is marked other than or other traumetic event, the Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental M		19a. Informant's Name/Relat Ralph Prete (I	onship Vephe					et and Number or 1 Road Ell				
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	Pag ment: mry o		4 Donation 5 Othe				rison Fo	orest I	December 31	,1996	Owings Mi	11s, M	aryland
Cal	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra 2003.		21. Signature of Funeral Sen	ice Lice	nsee Br	L _	Wit 163	Name and Add Zke Funer 30 Edmonds	ress of Facility all Home of son Avenue	Catonsvi Catonsvi	lle, Inc lle, Maryl	and 21	228
	Physician /Medical		23a. Part1. Enter the disease shock, or heart failure.	, or con List only		>		er the mode of d	ying, such as card	lac or respiratory	arrest,		Approximate Interval Between Onset and Death
	Examiner		disease or condition resulting in death)		8/	neumo	as a consequence	uence off:				1	2 days
		ner				Can	9	301130 017.				1	2 days
5	eath certificate be executed attending physician and for use as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	J	b	Due to (or	as a consequ	uence of):					2 days
DOX 00/00'	certificate nding phys use as the	//Medical	that initiated events reaulting in death) Last	l	d	Due to (or a	as a c <i>on</i> sequ	uence of):					
5	ires that the death or signed by the attend id be detached for us	by Physician/	Psrt II. Other algorificant con-	ditions	contributing to deet	h but not result	ting in the un	derlying ceuse (	given in Part I.	23b. Die	d tobacco use co	ontribute to	o the cause of death?
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or vital mecolus	aw requisite been 2 should	Completed t									s an autopsy formed?	av.	ere autopsy findings allable prior to impletion of cause death?
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3	rsician: The s certificate director, pag	Be	25. Was cese referred to med examiner?	licel					28. Place of D	eath (Check only	one)		
	Physician: this certific ral director,	P	1 ☐ Yes 2 ☑ No		Hospital: 1 🖾 Inpe		R/Outpatient	3 DOW		Home 5 ☐ Re	sidence 6 🗆 Ott	her (Specif	у)
	thending P rdesth. ctor: After t sy the funera	atlon:	27. Manner of Death  1 Metural 5 □ Pe 2 □ Accident	nding estigatio		njury Day Year)	28b. Time of Injury	28c. Inj W M 1	uryat ork? □Yes 2□No	28d. Describe	how Injury occu	rred	
2	of in by the	Certification:	3 Suicide 6 Co	uld not b ermined	280. Place of	Injury - At hon etc. (Specify)	ne, ferm, stre	et, factory, office	0	28f. Location City or To	(Street end Num. own, State)	ber or Run	Il Route Number,
	Funes followy file	edical C	29a. Certifier 12 Certifier (Check only one) 2 Medi	fying Pi cal Exa	nyaician: To the be miner: On the basis and manner	of examination	ledge, deeth on and/or inv	occurred at the estigation, in my	time, dete and pla opinion, death oc	ce, and due to the curred at the time	e cause(s) and m e, dete and pisce,	anner as s and due to	teled. the cause(s)
	To To	Me	29b. Signature and title of cer	lifier	: 1				nse number		29d. Date signe		
	· L		17-A.	30	iyolom	7 M		D	5/010		Decem	ber, à	26, 1996
	4		20. Name and address of per	1	ZAYO	0	23a) (Type, F	God God	od So	menita.	- Hos	12:40	26, 1996 L.
	Sta Registr	- 41	31. Date filed (Month, Day, You DEC 3 0 1996	sar)	icha Day	don-lon	Lelle						

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, Last			ate of Death		. No.	6 39376
Physic /Med		GAROCYNM.E	3000			Month DECEMBER	Day 12, 19	Year
Exam		4a. Fecility Name (If not Institution, give	1. 1. 11	~1	0 -	r Locetion of Deeth	4c. County of	
6	-	5. Social Security Number 6. Se	XINS TYPEST	le et hirthday) If Un	BACTIA der 1 Year   If Under 24 Hr	1.76	X	OHC
Funera Directo		250-70-654 1D Usuel Residence of Decedent	M 200 5	Yrs. Month			-46 x	9. Birthplace (State or Foreign Country) IRG LW LA
e Maryland 8a-f show	ctor	10a. State 10b. County  A  CHESTE	. /	ty, Town or Location	IIAN			10d. Inside City Limits 1 ☐ Yes 2 ☐
ath with th	Funeral Director	2172 HUGUE	NOTSPRING	3 R). 2	21p Code 23113		Citizen of Wi	nat Country?
Nore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours effer death with the Maryland it of Health and Mental Hygiene. If Itam 27 is marked other than "natural", or items 23a or 23a-f show or other traumatic event, the Maryland Exprised Expression or other traumatic event, the Maryland Expression or other traumatic event, the Maryland Expression or other traumatic event, the Maryland Expression or other traumatic event, the Maryland Expression or other traumatic event.	by	11. Maritel Status  1 Never Married Married  3 Widowed 4 Divorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Yeer or Dates:		cedent of Hispanic Origin? (pecify Cuban, Mexican, Pue	Specify Yes or No- orto Rican, etc.)		- American Indian, White, etc. BLACK
21215-0020 d within 72 hours ef giene. ir then "netural", or	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e <i>completed)</i> College (1-4or 5+)	16a. Decedent's U (Give kind of life, DO NOT	work done during most of w	orking 16	C. C.	ENNEY
Maryland 2 d 2 should be filed th and Mental Hygi 7 is marked other traumatic event, II	To Be C	17. Father's Name (First Middle, Last)	OWELL		18. Mother's No	eme (First, Middle, Ma	LS &	N
and 2 shoealth and n27 is m		19a Informant's Name/Relationship Ty 505EPH 6001	E JR.	2172540		iles RI) CHES	TERFIC	194123113
La Paritime		20e. Method of Disposition  Burial 2 Cremation 3 R  Donation 5 Other (Specify)		Place of Disposition (f	Name of Street ST	12-16-72 8	DWHAT	ity or Town, Stele
Baltimo pemit. Pege Department ( Important: If any injury or		21. Signature of Funeral Service License	Poste 7	22. Name 1827	and Address of Facility &	EGT RIC	E IN	50 (A.
		23a. Part1. Enter the disease, or compli shock, or heart faiture. List only or	cations that caused the dee	th. Do not enter the m				Approximate Interval Between
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)			MONARY F.	BROSIS		Onset and Deeth
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p redu	Completed b					24a. Was an a performed		24b. Were autopsy findings available prior to completion of cause of death?
The law ate hes page 2	E O					1 ☐ Yes	2 No	1 ☐ Yes 257No
rsician: The last contificate he director, page	Be	25. Was case referred to medical exeminer?	anital.			eath (Check only one)		
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	atior	1 Natural 5 Pending Investigation	(Month, Day Year)	Injury M	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	200. 2000/20 11011	njary cocurrec	
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To the Houph within 24 hour To the Funer completery IIIs	edical (	29a. Certifier (Check only one) Certifying Phys 2 Medical Examin	iclan: To the best of my kno ar: On the basis of examina and manner stated.	wledge, deeth occurre tion and/or investigation	ed at the time, date and place on, in my opinion, death occ	a, and due to the caus urred at the fime, date	e(s) and mann and place, en	ner es stated. d due to the cause(s)
To the To the Comp	M	29b. Signeture and fitle of certifier	had		9c. License number	29d.	Dete signed (	Month, Day, Year)
1,		1	Car		RES- DOC	)	12/12	196
19		30. Name and address of person who con	mpleted cause of death (Item	1 23a) (Type, Pant)	RES- DO	Tivance	MA	21795
St. Regist	ate	31. Date filed (Month, Day, Year)	32. Funistrar's Signa	ture Pande 90	1, 1-, 2,0	110000		



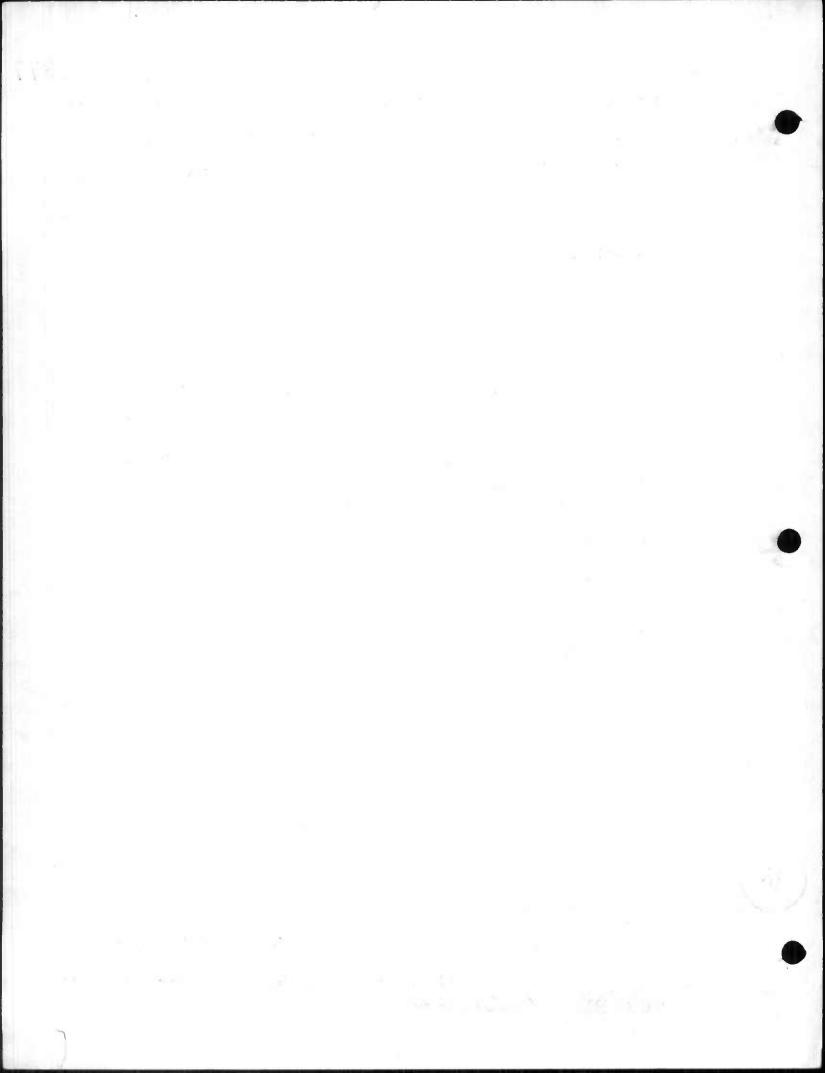
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-7177-510 ITEMS - 23 PART I, 27, 28a-f. PER State of Maryland / Department of Health and Mental Hygiene MEO FILM G-743 1/27/97 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** DEC. 1996 CHARLES GRANDISON 14, 1:15 PM. /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GENERAL MARYLAND HOSPITAL BALTIMORE BALTO. CITY Hours Min. 8. Date of Birth (Month, Day, Year) 12/19/54 5. Social Security Number 7. Age (In yrs. last birthday) # Under 1 Year | Months Days Birthplace (State or Foreign Country)
 MD . Funeral 1⊞M 2□ F 41 215 60 4095 Yrs Director Usual Residenca of Decedent the Marylend a or 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inaide City Limits Director BALTO. CITY V☐ Yes 2☐ No BALTIMORE MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3823 BARRINGTON RD. "natural", or items 23a 21215 USA by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ∰ Never Married 2 ☐ Married 1 Yes AND No If Yes, Give Year or Detes: 21215-0020 1 ☐ Yes #☐ No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Specify: Completed the Madical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. than Elementery/Secondery (0-12) College (1-4or 5+) . Pages 1 and 2 should be filled wi fment of Haath and Mental Hygien tant: If item 27 Is marked other th jury or other traumatic event, ma NONE NONE Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be CHARLES B. GRANGISON GRIFFIN GLORIA 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) GLORIA GRIFFIN MOTHER 3823 BARRINGTON RD. BALTO. MD. 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or once. KING:S PARK 12/21/96 RANDALLSTOWN, MD. 21. Signature of Funeral Service Licenses ESTEP BROTHER'S FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) FRACTURED RIGHT LEG WITH COMPLICATIONS Examiner Due to (or es a consequence of): Physician/Medical Examiner ng Physician: The law requires that the death certificate be executed Sequentially ilst conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last the burial-tran Due to (or as a consequence of) Pivision of Vital Records, P.O. Box 68760. Due to (or as a consequenca of): Part II. Other eignificant conditiona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings aveileble prior to completion of ceuse of deeth? Completed 24e. Was an autopsy peen: has this cartificete 10 Yes 2 No 1, Yes 2□ No Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ inpatient 2X ER/Outpatient 3 ☐ DOA YOYes 2□ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 Certification: 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes XX No NOT KNOWN Investigation 2 Accident 12-7-96 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 827 LINDEN AVE. 4 Homicide STREET BALTIMORE, MD. 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the ceuse(s) and manner stated. 29a Certifier Medical (Check only one) within To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. DEC. 17, 1996

State Registrar

Radentz, AP111 Penn Street, Baltimore, Maryland 21201

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



Item26 12-30-96 FilmG742 W.H.Per Doctor
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39378 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month acket cella 4:00 A.M. recember 22 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street end number) 4c. County of Deeth Baltmore

If Undar 1 Year If Undar 24 Hrs. 8. Dete of Birth

Months Deys Hours Min. (Month, Day, Year) NA Jongui Henne 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) 9. Birthpiace (State or Foraign Country) 1□M 2\ F 20-4511 212-Yrs. Usuel Rasidance of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1. Yes 2 □ No more 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 12. Was Decedent Ever in U.S. Armed Forcas? 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bieck, White, atc. 1 Navar Married 2 ☐ Married 1 Yes 2 Who If Yes, Give Yeer or Dates: 1□Yes 2No 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) 2th grade 17. Fether's Neme (First, Middla, Last) 18. Mother's Nama (First, Middle, Melden Surname) nnis Hacket 19a. Informent's Neme/Reletionship (Type, 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5507 Dalto Hd Daughter 21215 Jongui 20e. Method of Disposition 20b. Plece of Disposition (Nema of cemetery, crematory or other plece) Date 20c. Location - City or Town, Stete 1 ☐ Buriei 2 Ø Crametion 3 Ramovei from State 4 □ Donetion 5 □ Other (Specify) remator 21. Signeture of Funaral Service Licensee 22. Name end Addrass of Facility March F. H. Webt Pert f. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 21215 Henue Approximete Interval Between Onsaf and Death Immediete Ceuse (Final diseese or condition rasulting in deeth) Due to (or as e consequence of) Sequentietly list conditions, if eny, leading to immediata ceusa. Entar Underlying Ceuse (Diseesa or Injury that initiated events resulting in deeth) Lasf Dua to (or es e consequance of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy tindings eveilable prior fo complation of causa of death? 24a. Was en autopsy performed? 1 Yes 2 2 1 Yes 2 No 25. Was case referred to madical examiner? 26. Pleca of Death (Check only one) 210 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Inpatient 2 Proupptient 3 DOA 28e. Dete of Injury (Month, Day) 27. Menner of Deeth 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Naturel Yaar 5 Pending 2 Accident

**Physician** /Medicai Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

ò Items 23a Director

Funeral

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Completed

Be

traumatic event, the Medical Examiner naunt by notified at

permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natural" ~ any injury or other traumatic events.

with the Meryland

Hospital or Attending Physician: The law requires that the deeth certificete be executed 24 hours efter death.

Funeral Director: After this certificete has been signed by the ettending physician and physician end s the burial-trensit 980 s been signed by the 2 should be detech page 2 s filled in by the funeral director,

P.O. Box 68760,

Records,

Division of Vital

Examiner Medical Certification: To

Physician/Medical þ Be Completed

3 Suicide

29a. Cartifian

4 Homicide

investigation 6 Could not e

Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 TYes 2 □ No

Location (Street end Number or Rural Route Number, City or Town, State)

11 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and fittle of certified

MO

29c. License numbar

29d. Data signed (Month, Dey, Yeer)

no completed cause of death (Itam 23a) (Type, Print)

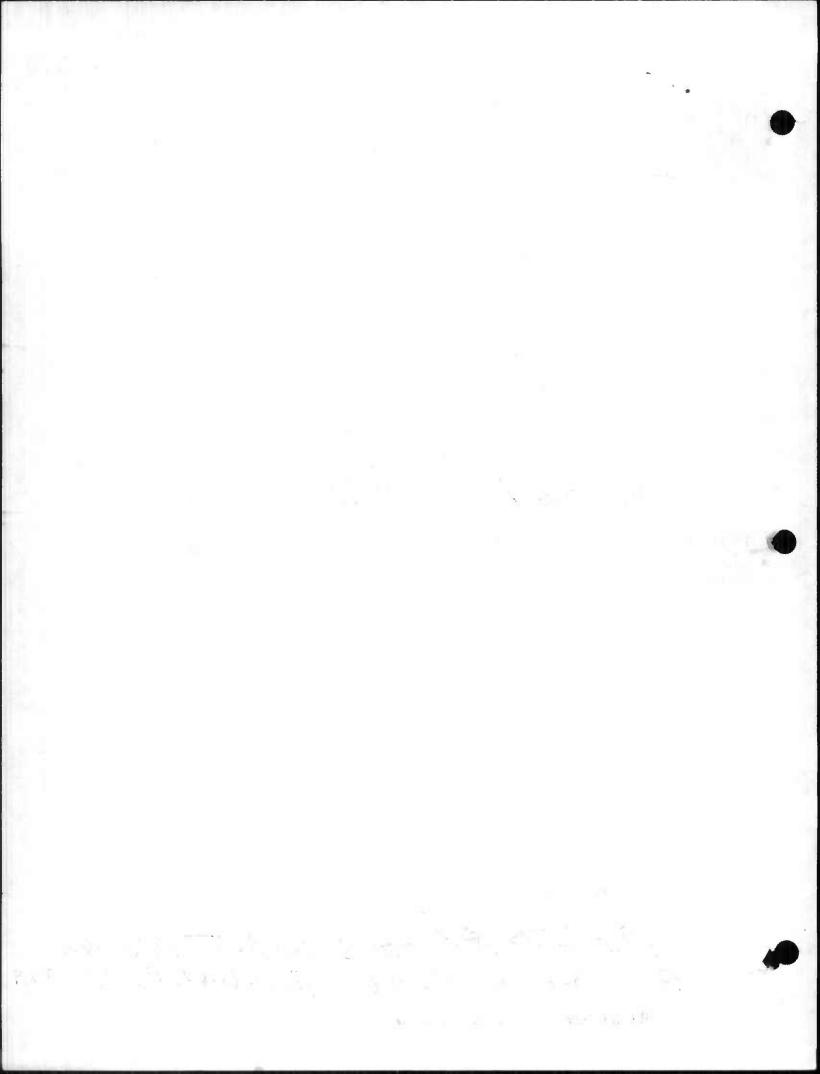
31. Dete filed (Month, Dey, Year)

32. Regisfrer's Signeture

State Registrar

within 24 hours e To the Funeral C completely filled

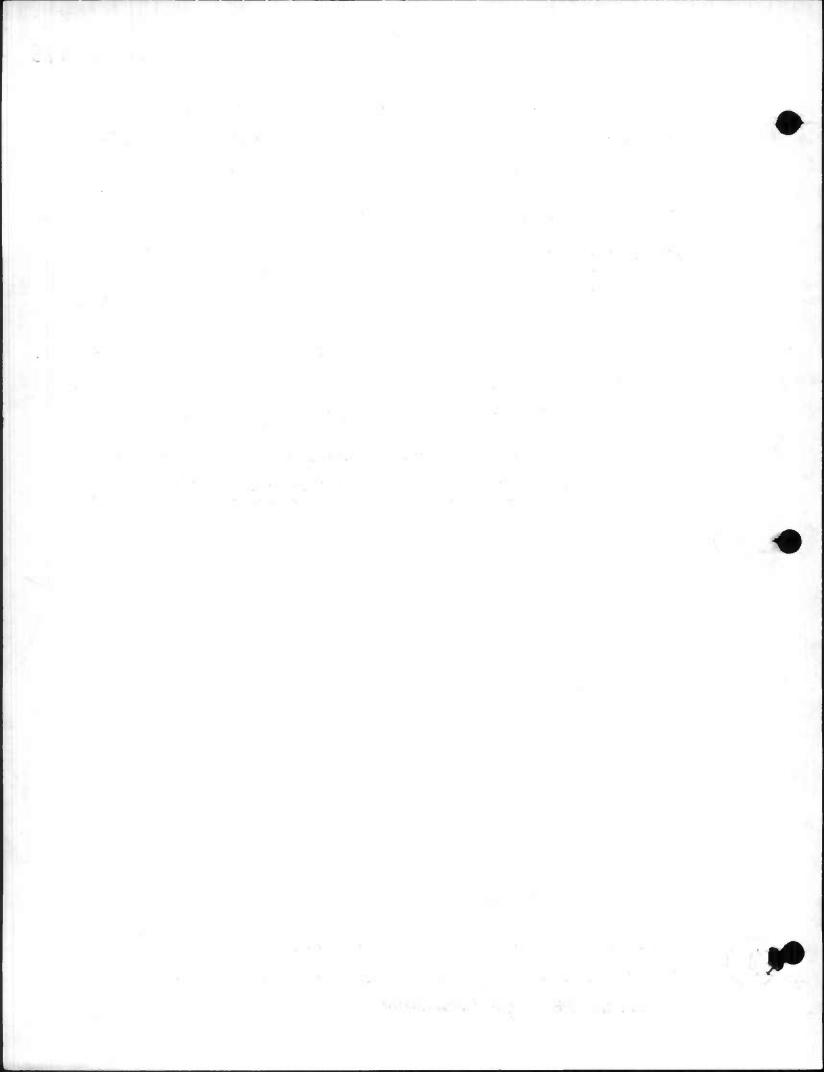
To the



State of Maryland / Department of Health and Mental Hygiene

39379

						Ce	ertificate o	f Death		Reg.	No.		0,00,
	Dharaia		1. Decedent's Name (First, Middla, L	ast)					2. Dat Mo	e of Death		Vaar	3. Time of Deat
	Physic /Medi		EI	LEN			HART			C. 26	Day 1996	Year 5	1:30am
	Exami		4a. Facility Name (If not Institution, g	ive street and num	ber)			4b. City, Tow	n, or Location		4c. County	of Death	
			2921 WOODVALLEY						LTIMORE		BAL	TIMOR	
	Funeral Director		5. Social Security Number 6. 217–30–4327  Usual Rasidence of Decadent	Sex 1□M 2☐F	7. Age (In yrs. 61		) If Under 1 Ye Months Day		Min. (Mo	a of Birth nth, Day, Ye Y 2,	1935	9. Birthpl Count MAI	ace (State or Fon try) RYLAND
0	show		10a. Stete 10b. County		10c. Cit	y, Town or L	ocation					10	Od. Inside City Lim
the Man	28a-f sh	Director		ALTIMORE			BALTIM						1 □ Yes 2 💢
45.00	23a or		10e. Street and Number 2921 WOODVALLEY	DRIVE			10f. Zip Code 212			10g.	Citizen of V		try?
020	nous eller deen win me maryland lurel', or frems 23s or 28s-f show all Examiner must be notified at	by Funeral	11. Marital Status  1 □ Navar Married 2 ② Married  3 □ Widowed 4 □ Divorcad	12. Was Deced Armed Ford 1 Tes 2 If Yes, Give Year or Da	cas? 2 ∐Xio	,S. 13.	Was Decedent of If Yes, specify Control of Yes, specify Control of Yes 2		n? (Specify Ya Puerto Rican, e	s or No- etc.)		e - America ok, White, e	
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21215	then.	Completed	Elementary/Secondary (0-12)	College (1- 5+	4or 5+)	life.	DO NOT use ret	ired)	or working		OV	VIN HO	ME
9	T S T	BeC	17. Fathar's Name (First, Middle, Las	it)	-	I		18. Mother	s Name (First,	Middle, Maid			
la la	2 2 2 9	To B	DAVID L.	MC	RRISON				MO	LLIE			KUSHNE
Maryland 21215-0020	h end		19a. Informant's Name/Relationship MR. JERRY HART				ing Address (Stre						
Baltimore,	9 5 5		20a. Method of Disposition  1 XBurial 2 Cremation 3  4 Donation 5 Othar (Space			amatery, cre	osition (Name of matory or other p PIMORE H		Dete		. Location -		
Balti	Department of I Important: If its eny injury or of		21. Sur eture of Funaral Service Lica			2	2. Name and Add SOL	dress of Facility	ON & BR	OS.,IN	NC.		
	hysician /Medicai ixaminer		Part Enter the disease, or cor shock, or heert failure. List only limmediata Cause (Final disease or condition rasulting in death)	y one cause on ea	ch line. netasta	h. Do not er	breast	lying, such as co	ardiac or raspir		20166		Approximate Interval Batween Onset and Death
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J. eff	0 2	Physician/	Part II. Other significant conditions	contributing to dea	ith but not resi	ulting in tha u	inderlying cause	given In Part i.	23	b. Did tobac	2 <b>KN</b> 0		the cause of des ably 4 - Unkn
DIVISION OF VITAL RECORDS, P.O.	hes been sign ge 2 should be	Completed by	-1						24	a. Was an a performed		con	ra autopsy finding liable prior to apletion of causa aath?
1 0	ate he	NO.								1 ☐ Yes	2000	10	Yes 2□ No
2 2		Be	25. Was case referred to medicel examiner?					26. Plece o	f Death (Check	only one)			
Physician:	this ce al dire	To	1X Yas 2□ No	Hospital:	patient 2	ER/Outpetie	nt 3 DOA	Other: 4 Nurs	ing Homa 5	Residence	e 6 □Oth	er (Specify,	)
Attending P	ath. r: After th	ertification:	27. Manner of Death  1 Natural 5 □ Pending  2 □ Accident Invastigetic		Injury Day Year)	28b. Time of Injury	W	juryat /ork? □Yes 2□No		scribe how l	njury occurr	red	
O Am	after deat Director: d in by the	Certific	3 ☐ Suicide 6 ☐ Could not l 4 ☐ Homicide datarmined	1 289. PIGCA 0	f Injury - At ho g, etc. (Specify	ome, farm, st	reet, factory, offic	0	28f. Loc City	ation (Street or Town, St	t and Numb tate)	er or Rural	Routa Number,
To the Hospital	within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edlcai (	29a. Certifiar (Check only one) Certifying Property 2 Medicat Exa	hysician: To the b miner: On the bas and manne	is of examinat	wledga, deat tion and/or In	h occurred at the vestigation, in my	tima, date and opinion, death	plece, and due occurred at the	to tha cause time, date	a(s) and ma and placa,	nner as sta and dua to	ated. the cause(s)
othe	within 2 To the comple	Me	29b. Signature and titla of certifier		11217.		29c. Lice	nse number		29d.	Date signed	d (Month, D	Day, Year)
1	~		Many 21	andri			02	8239		12	2/26/	186	
J.	1		30. Nama and address of person who Nancy Davidson	11	of death (Itam	23a) (Type,			,600				Baltinon
	Sta Registr		31. Data filed (Month, Day, Year) DEC 3 0 199	32. Jee	pistrace Signat	ture Hand	المالك	4				2	Baltinou mo 1287



State of Maryland / Department of Health and Mental Hygiene

39380

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** BUCKLEY HARRIS DEC. 24,1996 4:30pm /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 725 MT. WILSON LANE APT. 407 BALTIMORE BALTIMORE 8. Date of Birth (Month, Dey, Year) NOV. 2,1904 If Under 1 Year if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Steta or Foreign **Funerai** Months Days 1 □ XM 2 □ F Hours 213-10-7721 Yrs 92 Director ENGLAND Usuel Residence of Dacadent the Maryland 10a. Stete 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits Director 1 Yes 2 No MARYLAND BALTIMORE BALTIMORE 10e. Street and Number 725 MT. WILSON LANE, APT. 407 10f. Zip Code 10g. Citizen of What Country? 21208 USA Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No If Yas, Give Year or Detes: 21215-0020 1 Yas 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Hygiene. other than "natura ent, the Medical E Completed 15. Decadent's Education (Specify only highest grede completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Quality Elamantary/Secondary (0-12) Collage (1-4or 5+) AIR QUALTIY CONTROL  $5\pm$ CHEMICAL ENGINEER marked other traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental 10 **JACOB** HARRIS ETTA UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health a if Item 27 is or other trai MRS. ROSE HARRIS 725 MT. WILSON LANE, APT. 407 BALTO., MD 21208 20b. Placa of Disposition (Neme of 20a. Method of Disposition Dete 20c. Location - City or Town, State SHAAREI TFILOH - 12-27-1996 BALTIMORE, MD 1 Burial 2 Cremation 3 Removal from State Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility
SOL LEVINSON & BROS., INC. 23. Part 1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one or an each line. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 Approximete Interval Between Onset and Death **Physician** tmmediate Cause (Finel disease or condition resulting In death) /Medical Examiner Oronain order pital or Attending Physician: The law requires that the death certificate be executed usurs after death.

The control of the certificate has been signed by the attending physician and filled in by the function, page 2 should be deteched for use as the bursh-transit Sequentially list conditions, if any, leading to Immediate causa. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Lest Due to (or as a consequenca of) Division of Vital Records, P.O. Box 68760. Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown by 24b. Were autopsy findings available prior to completion of cause of daath? Completed 24a. Wes en autopsy performed? 1 ☐ Yes 2FINO 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 26. Place of Death (Check only ona) Othar: 

| Nursing Home | 5 | Residence | 6 | Other (Specify) 2 1 Yas 20 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) Certification: er of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 Tyes 2 TNo Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of fnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 I Homicide Ne Hospital on 24 hours at edical 1 Certifying Physician: To the best of my knowledge, death occurred et the time, deta end place, and due to the cause(s) and menner as stated. 29a. Certifie 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. To the 29b. Signature end title of cartifier 0 20339 ed causa of deeth (Item 23a) (Type, Print) LKER AVE; SALTIMORE, MA 2/208

Registrar's Signeture

**DHMH 16 Rev 6/95** 

State Registrar

AEC 11 (29) Charles by 620 11 (136)

		1. Decedent's Name (First, Mi	ddle, Last)			Certificate	G UI I	Dealli		2. Date of D	Reg. No.		3. Time of Death
Physic /Medi		Alice F. He	rgenroede:						Γ	Month Decemb	er 24,	1996	11:30 A.M
Examii	ner	4a. Facility Neme (If not institu 1131 Gypsy Li		number)			4	tb. City, Towr		ation of Dea	13. 37.0	nty of Death	
unerai irector		5. Social Security Number 213–32–9928	6. Sex 1 ☐ M 2 🛣		(In yrs. last birt	thday) If Under Months	1 Year Days	if Under 24 Hours	Min.	8. Date of Bi (Month, Di 1/11/	rth ey, Year) 1906	9. Birthp Coun Can	lace (Stete or Foreign try) ada
28a-f show notfind at	tor	Usual Residence of Decedent  10a. State 10b. Cour  Md. Bal	timore		10c. City, Town	or Location							0d. Înside City Llmits 1 ☐ Yes 2 ☑ No
Sa or 28e	I Director	10e. Street end Number  1131 Gypsy L			201	10f. Zip	Code 286				10g. Citizen d		try?
Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 M  3 Widowed 4 Divord	12. Was D Armed 1 ☐ Ye If Yes,	Forces? s 2☐N	ever in U,S.	13. Was Deced if Yes, spec	lent of H	ispanic Origin n, Mexicen, F Specify:	n? (Spec Puerto R	ify Yes or Nican, etc.)	0- 14. FB	Race - Americ Black, White, city:	etc.
event, the Medical Exa	Completed	15. Deced (Specify only hig Elementery/Secondary (0-12	ent's Education hest grade complete ) College	ed)		Decedent's Usua (Give kind of wor life. DO NOT us	nk done d	during most o	f workin	g		Business/Inc	
matic event, th	To Be Col	17. Fether's Name (First, Middle) Joseph Champa	e, Last)	2		ALC	126			(First, Middle Desha	, Maiden Sum		
2 6 2	F	19a. Informant's Name/Relation			19b.	Mailing Address	(Street	and Number o	or Rural	Route Numb	per, City or Tow	wn, Stete, Zip	Code)
or other		John Hergenro  20a. Method of Disposition  1  Burlal 2  Cremetio 4 Donation 5 Other	n 3 Removal fro	om State	20b. Place of cemeter	31 Gypsy Disposition (Nem y, crematory or of edeemer				owson, Date /28/96		n - City or To	
any injury		21. Signature of Funancial Surviv	Se Liconped	B		22. Name end		ss of Fecility Road			son Fun Maryla		ome, Inc.
ololon.		23a. Part1. Enter the disease, shock, or heert failure. L	or complications the st only one cause o	at caused	the death. Do n	ot enter the made							Approximate
dical niner	ilner	Immediate Cause (Final disease or condition resulting in death)	a. C	ERE		ASCULAR				respiratory e	irrest,		Interval Between Onset and Deeth
dical inner lisuality	Medical Examiner	disease or condition	a	ERE	EBLOVA Due to (or as e c	ASCULAR consequence of):				respiratory e	irrest,		Interval Between
diched for use as the buriel-transit	clan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part II. Other significant conditions.	cd	C C C C C C C C C C C C C C C C C C C	Due to (or as e co	ASCULAR consequence of): onsequence of): onsequence of): the underlying ca	e luse give	Disens		23b. Did			Interval Between Onset and Deeth Onset and Deeth the cause of desth?
2 should be detached for use as the buriel-transit of polymers.	by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	cd	C C C C C C C C C C C C C C C C C C C	Due to (or as e co	ASCULAR consequence of): onsequence of): onsequence of): the underlying ca	e luse give	Disens		23b. Did 1	tobacco use o	24b. We	Interval Between Onset and Deeth Onset and Deeth the cause of desth?
ge 2 should be detached for use as the buriel-transit	Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part II. Other significant conditions.	d	C C C C C C C C C C C C C C C C C C C	Due to (or as e co	ASCULAR consequence of): onsequence of): onsequence of): the underlying ca	e luse give	DISEAS	SE	23b. Did 1	tobacco use c Yes 2□ No an autopsy primed?	24b. We eve	the cause of desth?  ably 400 Unknown re autopsy findings liable prior to npletion of cause
ss been signed by the ettending physician and S. Should be defached for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions are conditionally in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the	dtions contributing to BRILLATI (	C C C C C C C C C C C C C C C C C C C	Due to (or as a co	ASCULAR consequence of): onsequence of): the underlying ca	A Other	en in Part I.  28. Place of	Death (	23b. Did 1 □ 24a. Was perfo	tobacco use c Yes 2□ No an autopsy pmed?  Yes 2□No pne)	24b. We eve cor of c	the cause of desth?  the cause of desth?  the cause of desth?
Is certificate hes been signed by the ettending ph director, page 2 should be detached for use as th	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part II. 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Place of March 4   Nursin at 7	Death (ing Home	23b. Did 1 □ 24a. Was perfo	tobacco use of Yes 2 No. an autopsy primed?  Yes 2 No. one) dence 8 200 how injury occ	24b. We eve cor of a	the cause of death?  the cause of death?  the cause of death?  Unknown  re autopsy findings liable prior to npletion of cause leath?

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

BRIAN C. WALLACK MD 3085-A IHARFORD RD., BARTIMORE, MD 21234

31. Date filled (Month, Dey, Year)

32. Registrar's Signeture

DEC 3 0 1996 Julia Swidson-Rindsee

DHMH 16 Rav 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39382

**Physician** /Medical Examiner 1. Decedent's Name (First Middle Last **JAMES** 

HARJANDREOU

Vrs

2. Date of Death

TOWSON, MARYLAND BALTIMORE

3. Tima of Death

4a. Facility Name (If not institution, give street and number) SAINT JOSEPH MEDICAL CENTER

№ M 2 🗆 F

4b. City, Town, or Location of Daath

Day DECEMBER 25 96 12:15 A.M.

**Funeral** Director

28a-f

items 23a

d 2 should be filed within 72 hours efter th and Mental Hygiene.
7 is marked other than "natural", or flai traumatic event, the Medical Examiner

Peges 1 and 2 should be facent of Health and Mental Int: If Item 27 is marked or

flem 2.

= 6 permit. Pege Department of Important: If any Injury or once.

**Physician** /Medical

**Examiner** 

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USB BS

signed by t

certificate has

After this in by the funeral

death or Attendation of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of

Hospital 24 hours a Funeral D

To the

The law requires that the death certificate be executed

P.O. Box 68760.

Records.

of Vital

Division

Attending Physician:

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

Baltimore, Maryland 21215-0020

Examiner must be notified at

Directo

Funeral

þ

Completed

Be

the Maryland show

208-20-4984 Usual Residence of Decedant 10a. Stata 10b. County

5. Social Security Number

10c. City, Town or Location

Baltimore

7. Age (In yrs. last birthday)

Birthplace (Stata or Foreign Country)

4c. County of Death

10d. Insida City Limits

Maryland Baltimore

10e. Street and Number 8416 Rocky Mount Road 10f. Zip Code 21237

1 Yes 2 No 10g. Citizen of What Country?

1 Never Married 2 ☐ Married 3℃ Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forcas? 1 DYes 2 No If Yes, Giva Yaar or Dates: 1950-56  Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 ☐ Yes 2 Î No Specify.

14. Race - American Indian, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highast grade completed)

16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

U.S.A.

Elementary/Secondery (0-12)

Coilege (1-4or 5+)

Production Control Scheduler

Can

17. Father's Name (First, Middle, Last)

Elias D. Harjandreou

Clio Anastasiadou

18. Mother's Name (First, Middle, Malden Surname)

19a. Informant's Neme/Relationship (Type, Print) Miss Anastasia August, niece

19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 8416 Rocky Mount Road, Baltimore, Md. 21237

20a, Mathod of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Sother (Specify) Entombment Greek Orthodox Masoleum 12-28-96 Baltimore, Md.

20b. Place of Disposition (Name of cemetery, cremetory or other place)

20c. Location - City or Town, State Date

21. Signature Funaral Service License

22. Nama and Address of Facility Matthews Funeral Home

23a. Part1. Entar tha disease, or complications that caused the death. Do not enter the moda of dying, such as cerdiac or respiratory arrest,

App.

Approximate interval Between Onset and Deeth

Immediate Cause (Finai

a ADVANCED METASTATIC CARCINOMA OF Due to (or as a consequence of)

08 YEARS

disease or condition resulting in death)

THE PROSTATE

Due to (or as a consequence of)

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disease or Injury that le itsted eye of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter of the letter o

resulting in death) Last	

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 d Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No

26. Place of Deeth (Check only one)

1 ☐ Yes X☐ No

25. Was cese referred to medicei axaminer? 1 Yes 2 No

5 Pending Investigation

6 Could not be determined

1 Inpatient 2 ER/Outpatient 3 DOA Date of injury (Month, Day Year) 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

27. Manner of Death

Netural Accident

3 Suicide

4 - Homicide

28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

28f. Location (Streef and Number or Rural Routa Number, City or Town, State)

156 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c, Licansa number

12-25-96

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

State Registrar

PEMY CHHIM M.D. DEC 3 0 1996

7620 YORK ROAD, TOWSON, MARYLAND 21204 32. Registrar's Signeture

DHMH 16 Ray 6/95

29d. Data signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 39383 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Physician Michael J. Hannigan 27, 1996 December 3:30 P.M. 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Pikesville Baltimore 210 Sudbrook Lane If Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Date of Birth (Month, Dey, Yeer) Months 1 ☑ M 2 ☐ F Hours 95 212-03-2098 October 21, 1901 Maryland. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Pikesville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 21228 210 Sudbrook Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. 1 Never Married 2 Married ☐ Yes 2 No Yes, Give 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Port of Baltimore Unknown Labor 17. Father's Nama (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Surneme) Michael J. Hannigan Julia G. Burns 19a. informant's Name/Rafationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3992 College Avenue Ellicott City, MD Mrs. Marion Parkent 20b. Place of Disposition (Name of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) St. Mary's Church Cemetery 12/30/96 Govens, Maryland 22. Name end Address of Facility Loring Byers Funeral Director, Inc. 8728 Liberty Road Randallstown, MD 21133 23a. Part 1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilura. List only one cause on aach line. Approximate Interval Between Onset and Death tic Cardiovasula Disease immediata Causa (Final disease or condition resulting In deeth) Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24a. Was an autopsy performed? 24b. Ware eutopsy findings evelieble prior to completion of cause of death? 1 Yes 2 -100 1 ☐ Yes 2 ☐ No 25. Was cese raferred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Panding Investigation 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, data and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature and title 29c. License number 29d. Date signed (Month, Dey, Year) 1996 ed cause of death (Item 23a) (Type, Print) Randullstran MD 2001 10 32 Pegistrar's Signature

Hospital or Attending Physician:
 44 hours efter death.
 Funeral Director: After this certifical
 etely filled in by the funeral director.

the Funeral

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State Registrar

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic evant, tra Modical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after of Depertment of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or iten any injury or other traumatic evant, the Medical Examples 2006.

Physician

/Medical

Examiner

and

attending physician a for use as the burial-

signed by the a d be deteched f

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pege 2 s

The lew requires that the death certificate be executed

P.O. Box 68760.

Records,

Division of Vital

Baltimore, Maryland 21215-0020

the Maryland

with

death

**DHMH 16 Rev 6/95** 

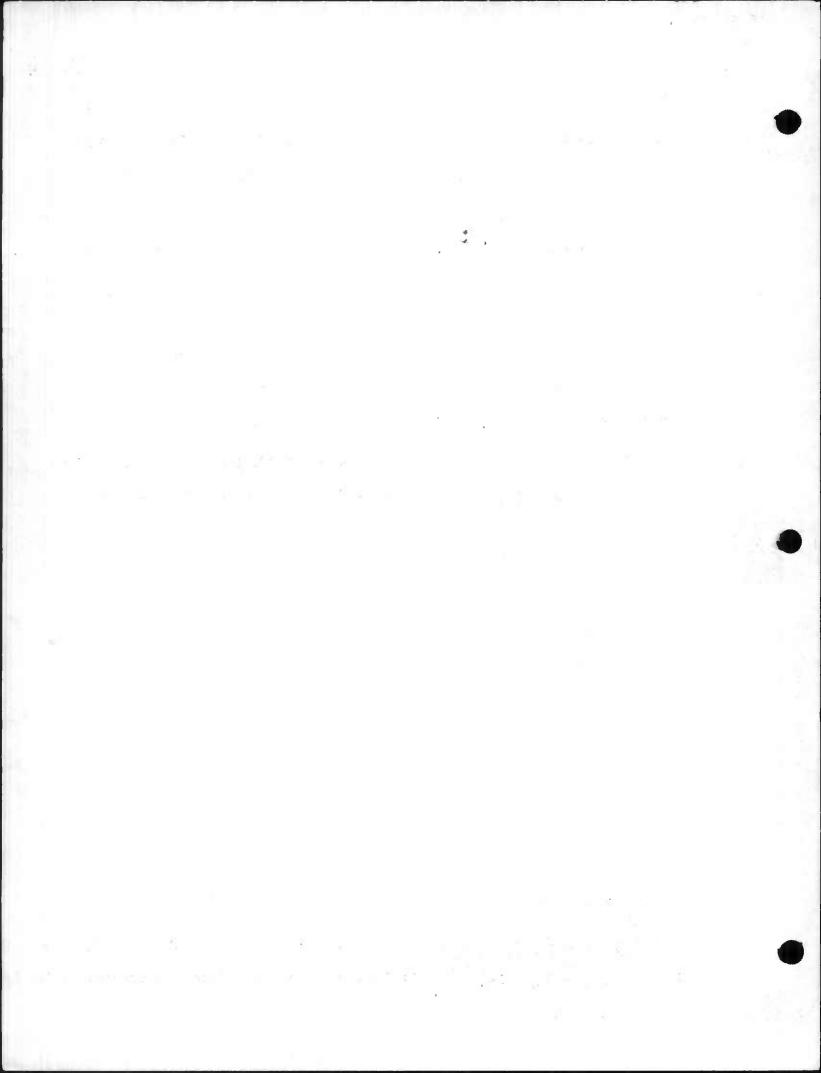


State of Maryland	Department of Healt	h and Mental Hygiene

	Film	G74	2 item 23,27 per ME 12		yland /		artment rtificate			ind Mental	Hygien Reg. N		96	39384
	Physic /Medi		Decedent's Name (First, Middle, Las PAUL	" MICHAEL	1		ЮН	JSE:	L	2. Date of Month DEC	D	ay 1	Yeer 996	3. Time of Death
	Exami		4a. Facility Name (If not institution, give	LANE				(	CLINT		P			EORGES
	Funeral Director		5. Social Security Number 6. Se 158-44-6366 Substituting 158-44-6366	7. Age (1 2XM 2□ F 4.	In yrs. lest	yrs.	If Under Months	Days	if Under 2 Hours	Min. 8. Dete o	Birth Day, Year 25, 1			ace (State or Foreign try)  Jersey
	the Marylenc 28a-f show our ed at	Director	10a. State 10b. County  Maryland Prince G  10e. Street and Number		oc. City, To									0d. Inside City Limits 1 ☐ Yes
	a 23a or		9400 Pine View L					2073			Ur	nited	Whet Coun	tes
020	oud be filed within 72 hours after death with the Maryland Mental Hygiene. Infred other than "natural", or items 23a or 28s-f show afte event, the Medical Examiner must be notified at	by Funeral	11. Maritei Stetus  Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 2 No it Yes, Give Year or Detes;	er in U,S.	1	Was Decede f Yes, speci 1 ☐ Yes 2	fy Cuba	ispanic Orig in, Mexican, Specify:	in? (Specify Yes o Puerto Rican, etc.	r No- )		e - America ck, White, e v: W	
21215-0020	within 72 h ane. than "natu	Completed	15. Decedent's Edi (Specify only highest grad	cation le completed) College (1-4or 5+)		(Give life. L	DO NOT use	done d	durina most	of working			usiness/Ind	lustry
Maryland 2	should be filed and Mental Hygis marked other imatic event, il	To Be Co	10th 17. Father's Name (First, Middle, Last) John Edward Hous	el		Disal	oLed			r's Neme (First, Midace Wilks	ddie, Maide	N/A n Sumen	ne)	
Mar	d 2 sh th end 7 is m traum		19a. Intormant'a Name/Relationship (7) Grace Housel Hud	son .		101	Ash A	we,	and Number	or Rural Route No le Rock,	ımber, City			Code)
Baltimore,	permit. Peges 1 an Depertment of Heal Important: If Item 2 any Injury or other 9068.		20e. Method of Disposition  1 ☐ Burial ★ Cremetion 3 ☐ It  4 ☐ Donetion 5 ☐ Other (Specify)  21. Signature of Funeral Service Licens	Removel from State	ceme	crema 22	. Name end	Dec Addres	ember	13, 1996 Lee Fune Road, C	C]	linto	Inc.	aryland 6633 Old
7	Physician /Medical Examiner		23a. Part 1. Enter the description or composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition o	a. ASTHMA	e deeth. D		de ca	of dyin	g, such es c	cardiac or respirato	ry arrest,			Approximate Interval Between Onset and Deeth
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Box 68/60,	death certificate be executed estending physicien and estending physicien and est for use as the burlet-trensit	n/Medical	Cause (Disease or injury that initiated events resulting in death) Last	Due	e to (or as	e consequ	uence of):							
Ç.,	ch da	by Physician/Me	Part II. Other significant conditions con	ntributing to death but n	ot resulting	g in the ur	nderlyling ca	use give	en in Pert I.					the cause of death?
9	peen	Completed b								24e. V	Vas an auto erformed?	psy	eve	re autopsy tindings ilable prior to apletion ot cause leath?
-	s certificate hes director, page 2	Ве Соп	25. Was case referred to medical examiner?						26. Place	of Death (Check of		2□ No	1/1	Yes 2□ No
5	After this funeral di	2	27. Menner ot Death  1 Naturai 5 Pending 2 Accident investigation	lospital: 1 ☐ inpatient 28e. Date of Injury (Month, Dey Ye	28b	Outpatien  Time of injury		c. Injury Work	4 LI NUR	28d. Descr				)
	125	Certification:	3 Suicide 6 Could not be determined	28e. Piace of Injury building, etc. (S	- At home, Specify)	farm, stre	eet, tectory,	office		28t. Location City or	on (Street a Town, Stat	nd Numb e)	er or Rural	Route Number,
	within 24 hours after To the Funeral Dir completely filled in	Medical	one) 2[XMedical Examin	sician: To the best of m ner: On the basis of exa and menner stated	aminetion a	ge, death and/or inv	estigetion, i	n my op	pinion, death	place, and due to n occurred et the til	ne, date an	nd plece, a	and due to	the cause(s)
)	5 vit		29b. Signature and title of certifier  30. Name and address of person who co	whe ar		) (Tues 1	0		M.E				ER 0	7,1996
	Sta	te	31. Date tiled (Month, Day, Year)	mpleted cause of death		111	Penn	St	reet	, Balti	more,	, Ma	ryla	nd 21201

Registrar

This Davidson-Rand



State of Maryland / Department of Health and Mental Hygiene ITEMS: 4c,6 per F.H. G-743 1/7/97 reb Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death HUNT Month WATKINS DONALD 1406 1996 Dec 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Hospital Agnes Baltimore N/A Baltimore Hours Min. 8. Data of Birth (Month, Day, Yea 3/26/1932 If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) Months Days 1 双 M 2 1 F 64 Yrs. Maryland 10b. County 10c. City, Town or Location 10d. inside City Limits Baltimore Catonsville 1 Yes 2 No 10f. Zip Coda 10g. Citizan of What Country? 21228 U.S.A. 6014 Chesworth Road 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or Notif Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, White, atc. 1 Yes 2 No If Yas, Give Yeer or Detes: 1 Never Marriad Merried 1 Yas 2 No specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) 7 College (1-4or 5+) Westinghouse Engineer 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumema) Clifford Hunt Jenny Watkins 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 6014 Chesworth Rd. Catonsville, MD 21228 Katherine Hunt/ Wife 20b. Piece of Disposition (Nema of cematary, crematory or other place) 20c. Location - City or Town, Stata MBuriel 2 ☐ Cremetion 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 12/31/96 Loudon Park Baltimore 21. Signature of Funeral Sarvice Licenses 22. Name end Addrass of FecilityWitzke Funeral Home 1630 Edmondson Avenue Catonsville, Md 21228 23a. Part1. Entar the disaasa, or complications thet caused the death. Do not entar the mode of dying, such es cardiec or respiretory errest, shock, or heert failure. List only one ceuse on each ilne. Approximete interval Between Onsat and Daath nours to Myocardial infarction few doys Dua to (or as a consequence of): Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings available prior to 24a. Was an autopsy

Physician /Medical **Examiner** 

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Haelth and Menial Hygiene. important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examinations.

Baltimore, Maryland 21215-0020

with the Maryland

5. Sociel Security Number

220-28-9341

10e. Street end Number

20a. Method of Disposition

immediete Causa (Finat diseese or condition rasulting in daath)

11. Maritai Status

10a Stata

Director

Funeral

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Completed

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MD

Usual Rasidance of Decedent

Examiner physician and the burial-transit Physician/Medical 10 USB signed by the a by Completed page 2 s cartificata othal or Amending Physicien: The other death. director. Be 2 funeral

The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting In death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

Hypertension Diabetes Mellitus

Yas 2 No

prior to on of cause EKROR Noch

25. Was case referred to madical axaminar?

12 Yas 2 No

26. Placa of Daath (Check only one) Hospitei: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) inpatient 2 ER/Outpatient 3 DOA 28b. Tima of 28c. injury at Work? 28d. Describe how injury occurred

27. Manner of Death 28a. Deta of injury (Month, Day Year) 1 Matural 5 Panding 2 Accident invastigetion 6 Could not be datarmined 3 Suicide

1 ☐ Yes 2 ☐ No 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Certitian (Check only one)

4 Homicide

Certifying Phyaician: To the best of my knowledge, death occurred at the time, deta and piece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data end piece, end due to the cause(s) end menner stated.

29b. Signature end title of certifier waleth 29c. License number N3765 29d. Data signed (Month, Day, Year) 12/28/96

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30. Nema and addrass of person who completed causa of death (Itam 23a) (Type, Print) A. Allen lizabeth

MD

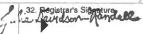
MD

Johns Hopkins Hospital

State Registrar

Certification:

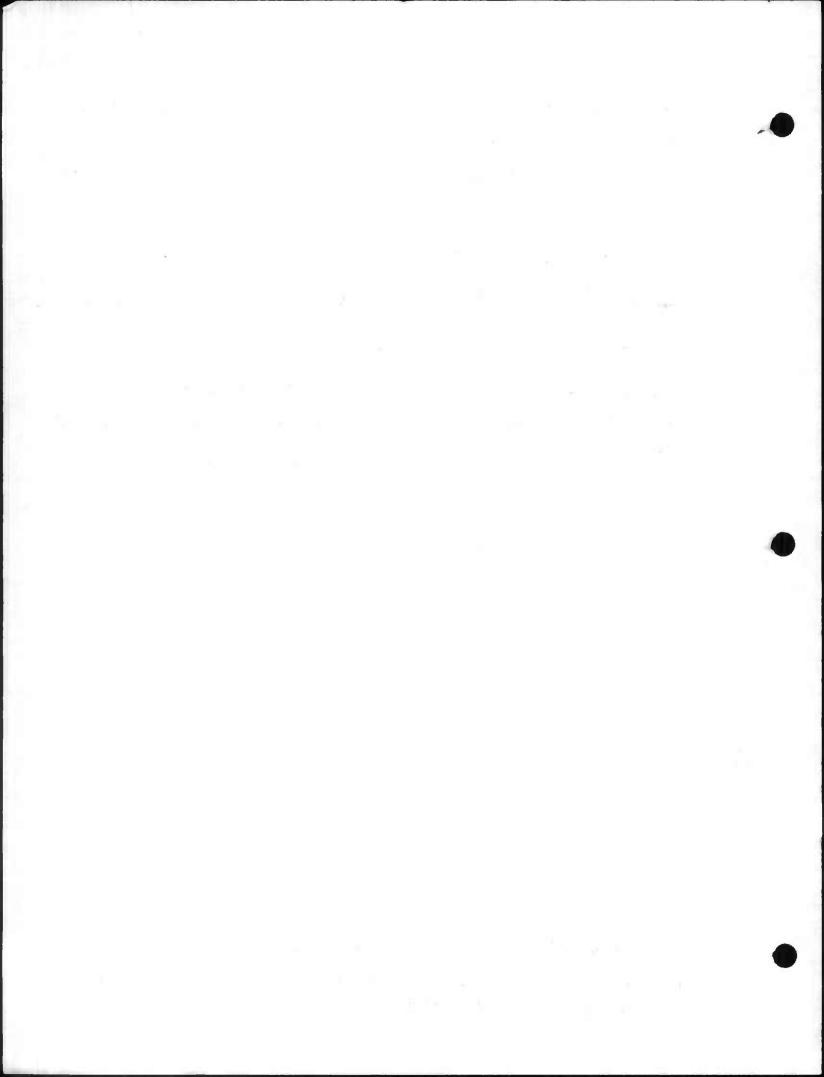
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State of Maryland / Department of Health and Mental Hygiene 96 39386

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L	Funeral Director		5. Social Security Number 6. S 214 - 26 91464 1 Usual Residence of Decedent	Oex 7. Age (In yrs.	mot pirtiredly)	Inder 1 Yeer If Under 24 H hths Deys Hours M		h y, Year)	9. Birthplac Country	ce (Stete or Foreign Y) YA
	land w		10a. Stete 10b. County	10c. Ci	ty, Town or Location	<u> </u>			100	d. fneide City Limits
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	1 the	rec	10e. Street end Number		10	f. Zip Code		10g. Citizen of N	What Country	v?
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21215-0020		þ	1 Never Merried 2 Merried	Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:	If Yes	ecedent of Hispanic Origin? specify Cuben, Mexican, Pules 2 1 No Specify:	erto Rican, etc.)	Specify	ck, White, etc	
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Ba	Departr Importa any Inje		Joseph B.	Locks &	KA	Sk. Fineral	Home 13	04 n.	Centre	eap
			23a. Part1. Enter the disease, or com- shock, or heart feilure. List only	plications that caused the deer one cause on each line.	th. Do not enter the	mode of dying, such es card	lec or respiretory er	rest,	A	Approximete ntervei Between
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Division	or Attending after death. Director: After d in by the fune	Certification:	3 Sulcide 6 Could not be	28e. Piece of injury - At h	ome, ferm, street, fe	ctory, office	28f. Location (5	Street and Numb	per or Rural F	Route Number,
Ö	A Dir	ert	4 Homicide	building, efc. (Specif	(y)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or Tox	vn, State)		
	To the Hospital or Attending Ph within 24 hours after cleath. To the Funeral Director: After thi completely filled in by the funeral	1 - 1	29e. Certifier 1 Certifying Phy	yelcfan: To the best of my kno	wledge, deeth occu	rred et the time, dete end ple	ce, and due to the	ceuse(s) and me	enner as stet	led.
	in 24 he Fi plete	Medical	one) 2 Medical Exam	niner: On the basis of examine end manner steted.	nion end/or investig	etion, in my opinion, deeth oc	curred et the time,	dete and piece,	and due to th	ne cause(s)
	To t To t	2	29b. Signeture and title of certifier	,		29c. License number		29d. Dete signe	,	ly, Year)
	. 0		1 Many 21	auchan mo		D28239		12/26	196	
	10		30. Neme and eddress of person who	completed cause of deeth (iter	n 23a) (Type, Print)	1 1.216 0				
	\		30. Name and address of person who delans thanking O	moby Center	,6001	work of	Dalton	my my	10 7	1287
	Sta	ate	DEC 3 0 1996	32 Hogaras Sign	Holede			) [		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 830 **Physician** Month Ear December 22 96 /Medicai 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BACt. MO-R Med, CAL 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 6. Sex 1 M 2 F 5. Social Security Number Birthplace (Steta or Foreign Country) 212-30-858 Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside Çity Limits 1 Yes 2 No Director BALTIMORE 10e. Street and Number 10g. Citizan of What Country? raumatic event, the Medical Examiner must be 4410 FRANC 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cubar, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status 1 Navar Married 2 ☐ Married 1 Yas 2 No If Yes, Give Yaar or Datas: Baltimore, Maryland 21215-0020 1□ Yas 2☑ No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than "1 Elementary/Secondary (0-12) College (1-4or 5+) BEL AIR MARKET KETAILE 17. Father's Nama (First, Middle, Last) 18, Mother's Name (First, Middle, Maiden Sumeme) lose ph 19a\_Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4410 TRANCONIA Drive KEGINB BALTO. Mid. 20b. Place of Disposition (Name of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 12/28/96 BALto, md injury or 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Addrass of Facility / 6 3 9 N. Broadway Bacte and 21. Signature of Funaral Service Licensae 21213 23. Part I. Enter the disease, a compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or he in failure. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) Melliponia Examiner erofusoph Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown been signed by should be detac 1 ☐ Yes 2 ☐ No ò 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? Was case referred to medical axaminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Nnpatient 2 ER/Outpatient 3 DOA 27. Menner of Death
Natural
2 Accident 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 5 Panding investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and piece, end due to the cause(s) and manner stated. Medical To the How within 24 I To the Function 29d. Date signed (Month, Day, Year) 29b. Signature and tyle of certifier 29c. License number 33583 Recomber 12, 96 2600 Liberty Heights Ave Leuker Baltimore, ved 21215 of deeth (Item 23a) (Type, Print)
- 1 barty Hedical Couler

Registrar

we be always to the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39388 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 24,1996 JACKSON 940 ecember /Medical 4e. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deal Examiner 7. Age (in yrs last birthday)

Yrs. maryland Baltimore General 5. Social Security Number 6. Sex If Under 1 Year If Under 24 Hrs. Deta of Birth 9. Birthpiace (Stata or Foreign **Funeral** 56-14-5152 1□M 2XF Months Deys Hours Min Director and Usual Rasidanca of Decedent the Maryland 10a, State 10b. Counts 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits 1 Yas 2□No Director Maryland more 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 212 Funeral or Items 12. Was Dacedant Evar In U.S. Armed Forces?

1 Yas 2 No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus Race - American Indien, Bleck, White, etc. filed within 72 hours aftar 1 ☐ Yas 2 ff Yas, Giva 1 Nevar Married 2 Married Saltimore, Maryland 21215-0020 1 Yas 21940 Specify: þ Specify: 72 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If flem 27 is marked other than any Injury or other trainment. Eiamantery/Secondary (0-12) College (1-4or 5+) nainee 12 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Symama) Be 25 19a. Informant's Nama/Raletionship (Type, Print) Husband 19b. Mailing Address (Street and Number of Rural Routa Number, City or Town, Stata, Zip Coda) Weldor 201 Md. 21213 10. 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20e. Mathod of Disposition Date 20c. Location - City or Town, Steta 1 Burial 2 Cremation 3 Ramoval from Stete Nationa 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensaa

22. Name and Addrass of Facility

23a. Part1. Enter the discress, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shool or heart feliligra. List only one cause on each line. Funeral Home 216 Approximata interval Between Onset and Death Physician Immedieta Causa (Final disease or condition resulting in deeth) /Medical ACUITE Examiner Examiner Bower SCHEMIC DISGASE YEMR burial-transit Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Causa (Disease or Injury that Initiated events resulting in deeth) Last Bud Dua to (or as a consequance of) Records, P.O. Box 68760. ARTERIO SCLERATIC attending physician for use as the burie ARDIO VASCULAR EARC Physician/Medical Dua to (or as a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown 8 24b. Were autopsy tindings available prior to completion of cause of death? page 2 should Completed 24a. Wes an autopsy performed? CONGESTIVE CARDIOMYOPATHY has 10 Yes MONT 2 No cartificata 1 Yas Division of Vital Hospital or Attending Physician: Be 25. Was casa rafarred to medical 28. Piaca of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 70 1 Yas 2 No 1 ☐ Inpatient 2 ☐ FR/Outpatient 3 ☐ DOA Aftar this 28e. Date of Injury (Month, Day Menuter of Death 28c, Injury at Work? Certification: 28d. Describe how injury occurred Naturai 5 Panding invastigation after death. 2 Accident Director: in by the 3 Suicida 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 4 Homicida To the Hospital o within 24 hours aff To the Funeral DI complataly filled in Medical Certifying Physician: To the best of my knowledge, death occurred at the fime, deta and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Cartifian 29b. Signeture and titla of certifle 29c. License number 29d. Data signed (Month, Day, Year) ouer 30. Nama and address of person who completed gausa of death (Item 23a) (Type, Print) ROBY M.D. -82 Robert E AVE

INDEN

32. Registrar's Signature

21201

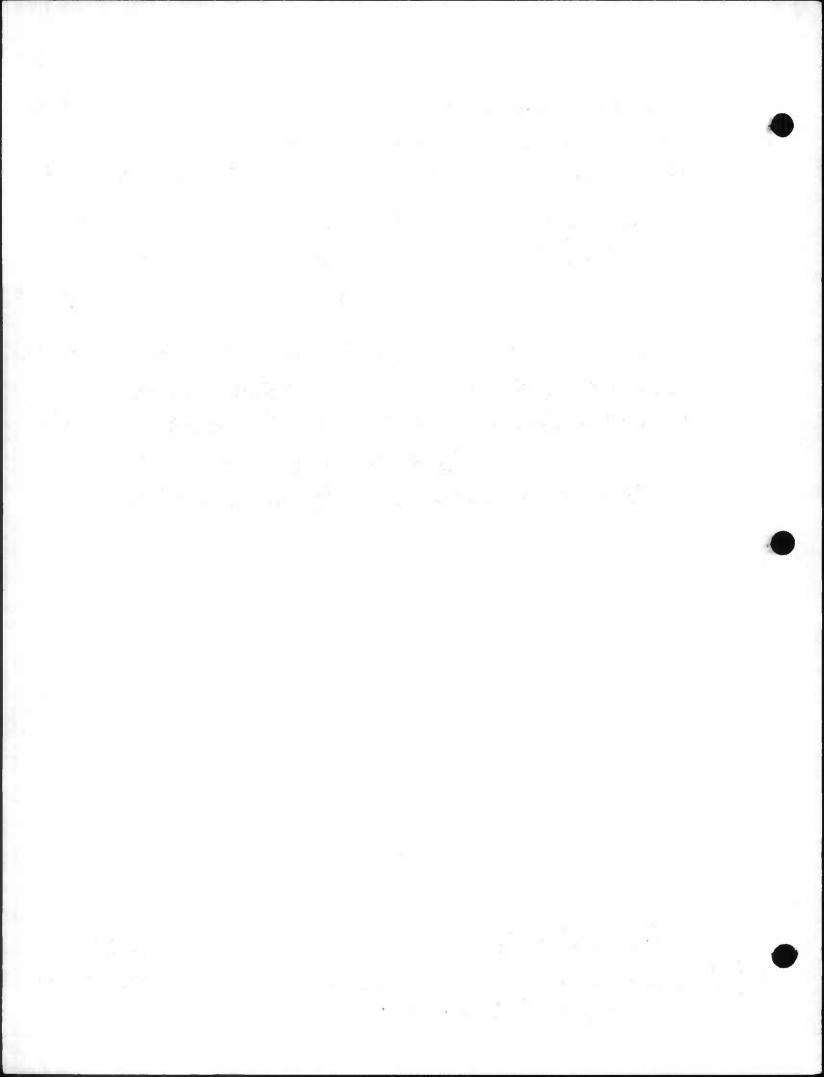
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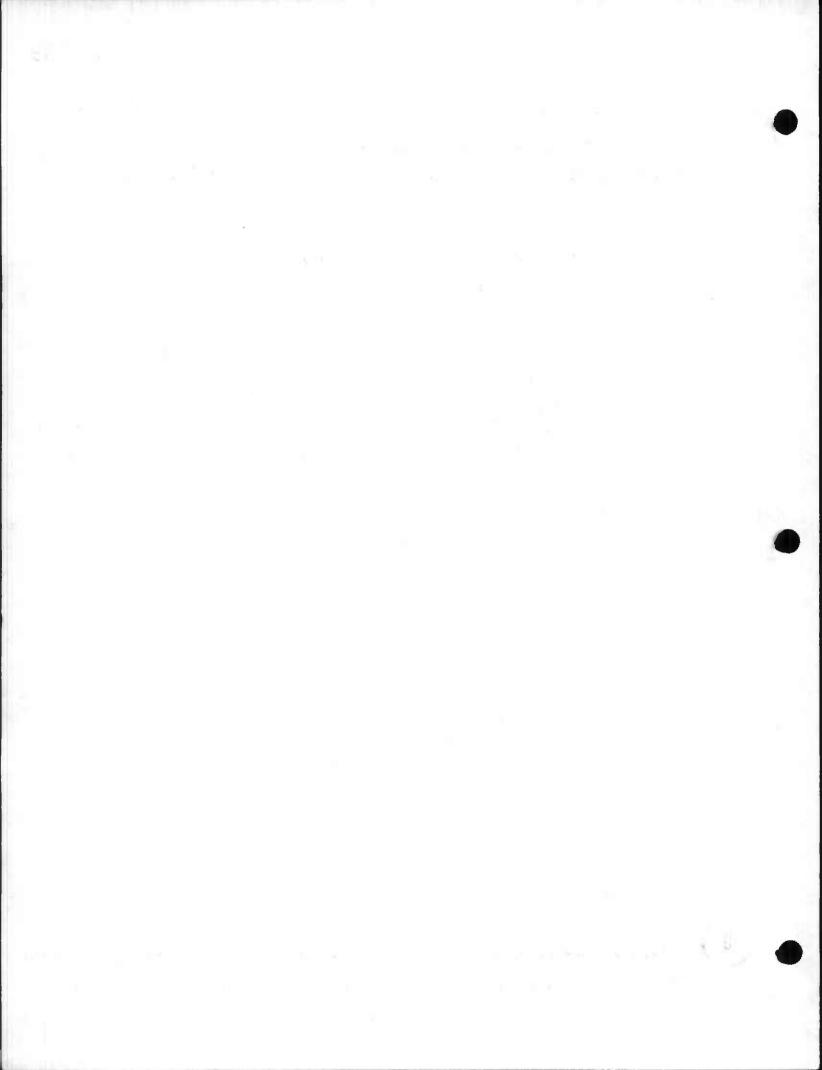
31. Data filed (Month, Day, Year)

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				Certificate of Death	Re	g. No.	0 0	
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ı,	/Medi		As Dean Johnson		Decense	14 19	196 5	30"
4	Examir	er	4e. Fecility Neme (If not institution, give street end number)	4b. City, Town, or L	ocation of Deeth	4c. County of	of Death	
Н	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. lest birt.		8 Date of Birth	1	9. Birthplace	(State or Foreign
k	Director		229-05-5733 1 M 2 F 79	rrs. Months Days Hours Min.	July 7	19917	Country)	(Stete or Foreign
	show	_	10e. State 10b. County 10c. City, Town	or Location				nside City Limits
	he Ma	Director		mere			1	Yes 2□No
	72 hours efter death with the Maryland natural', or flems 23s or 28s-1 show dical Examinet must be notified at		6218 Liberty Heights Teri	10f. Zip Code	10	g. Citizen of W	het Country?	
0	efter des	/ Funeral	11. Marital Stetus  12. Wes Dededent Ever in U,S. Armed Forces?  1 Never Married 2 Married  1 Yes, Give	13. Wes Decedent of Hispenic Origin? (Siff Yes, specify Cuben, Mexicen, Puerto 1 ☐ Yes 2 PNo Specify:	pecify Yes or No- Rican, etc.)	Bleck	- American In , White, etc.	dien,
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Maryland	be filed htal Hygi of other event, t	To Be	17. Fether's Neme (First, Middle, Lest)	18. Mother's Nam	ne (First, Middle, M	aiden Sumame	1	
Z	should be nd Mental marked c	T <sub>o</sub>	19a. Informant's Name/Helationship (Type-Print) Hauf-Ltar 19b.	Mallier Address (Street and Market	16 5	aun	gers	
Ma	C1 00 mm mm		19a. Informant's Namer Helationship (Type, Print) (daughter) 19b.	Meiling Address (Street and Number of Ru	Torr T	By or lown, s	MA 5	1/207
ore,	es 1 and of Health I Item 27 r other to		do manda a	Disposition (Neme of premetory or other plees)	Pete / 2	Oc. Location - C	City or Town, S	Stete
im i	Pa Pa		1 ☐ Suriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)	land National 1	2/31/96/	aure	1. N	18.
Baltimore	permit. Pe Depertmen Important: any injury.		21. Signeture of Funeral Service Ucensee	22. Name and Address of Facility	Juneral	Home		
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			23a Part Enter the disease, or complications that caused the death. Do not show or heart failure. List only one cause on each line.	ot enter the mode of dying, such es cardiec	or respiretory arre	st,	Appi	roximete val Between et end Deeth
	Physician /Medical		Immediate Cause (Final				Olisi	at end Deetil
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	wificete be executed ing physician and e es the bunal-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	onsequence of):			1	V 300
68760,	icete be execu physician and s the bunal-tra	edical	thet initiated events	on sequence of).				
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Ś	es tha gned be de	by F	Sucrel Decubitus					
Record	The law requires that the death or tie hes been signed by the ettend page 2 should be detached for us	Completed			24e. Wes en perform		eveileble	on of cause
Ä	The lav	E O			1 ☐ Yes	2 10 No		20 No
Vita	ystclan: The last contificate he director, page	Be	25. Wes case referred to medical exeminer?		h (Check only one			
0		2	1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Out					
on	ding h. After fune	tlon		me of 28c. Injury et work?  M 1 Yes 2 No	28d. Describe how	v injury occurre	d	
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ā	tal or rs efte al Dir	Cert	4 ☐ Homicide building, etc. (Specify)		City or Town,	Stete)		
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	9		30. Name end eddress of person who completed cause of deeth (Item 23e) (T	ype, Print)	, ,,,	ecum/	suc t	7 1926
	10			5310 010 Cour	- RO			21133
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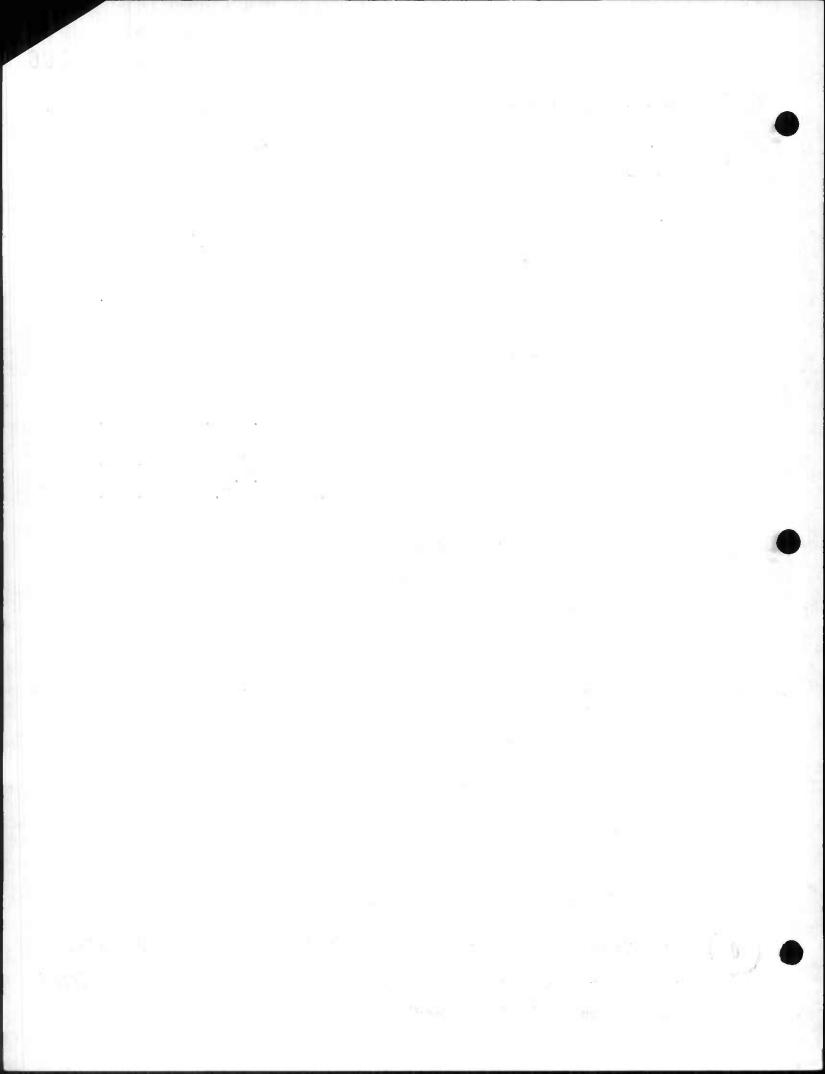


State of Maryland / Department of Health and Mental Hygiene

39390

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with the a or	급	10e. Street and Number	DD			10f. Zip Code				10g. Citizan o		itry?
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and 21215-C be filed within 72 hr stal Hygiene. Ind other then "netu event, ne led cal	npie	Elementary/Secondary (0-12)	College (1-4or	5+)	lifa. Do	O NOT use reti	red)	t or workin	g			
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/Medica Examine	_	immediata Cause (Final disaasa or condition rasulting in daath)  Sequentially list conditions,	a. Aorti	Dua to (or es a	consaqua							1 Year
X 68760, sertificate be executed ding physician and se as the bunel-transit	cai Ex	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c	Dua to (or as a	200000000	ones of):						
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Certifying Physicien: To the best of my knowledge, deeth occurred et tha time, dete end place, end due to the ceusa(s) and manner es steted.

Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) and manner stated.

29c. Licansa number

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To the Hospital within 24 hours To the Funeral completely filled

State Registrar 31. Data tiled (Month, Day, Year)
DEC 3 0 1996

29b. Signatur and titla of cartifiar

29e. Cartifier (Check only one)

30. Nema and address of person who completed causa of daath (Item 23a) (Type, Print)

STUART JACOBS MD NORTH ARUNDEL HOSPITAL GLEN BURNIR, MD. 32. Registrar's Signetura

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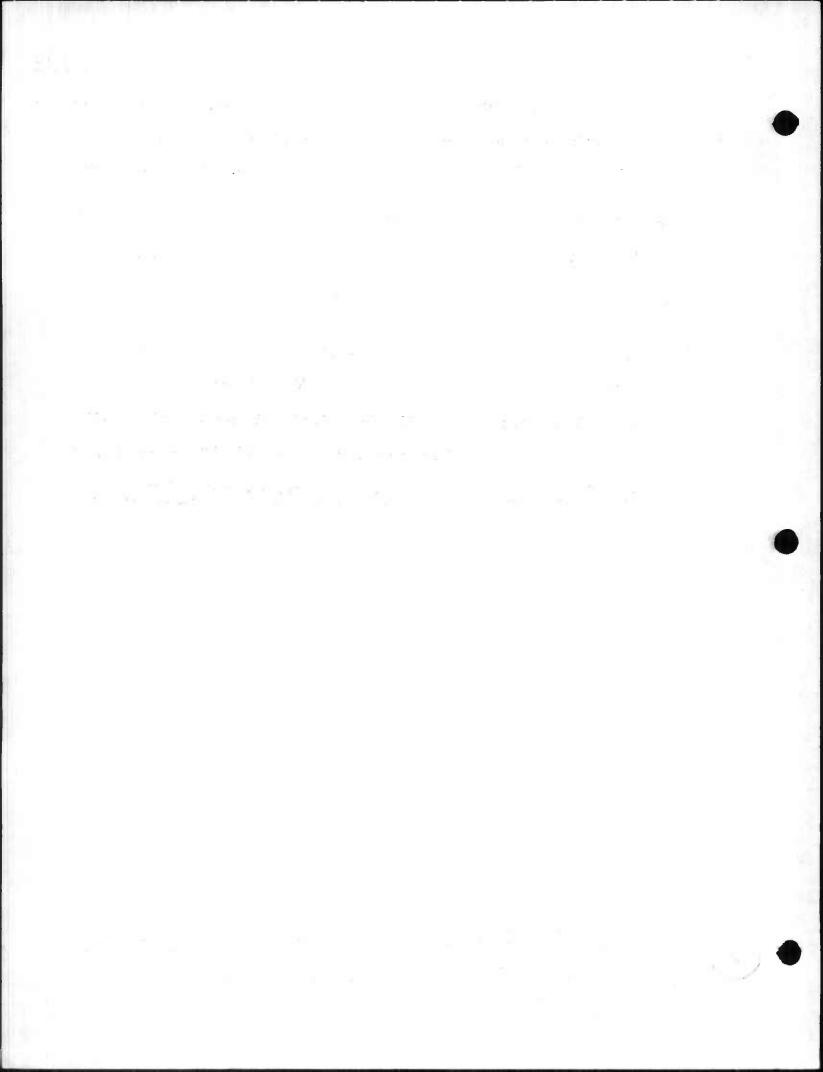
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State of Maryland / Department of Health and Mental Hygiene Q 6

96 3939

						Cer	tificate of	f De	ath		R	eg. No.	0	39392
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	Exami		4e. Facility Neme (If not institution, gir	re street end numb	er)			4b. C	ity, Town,	or Locatio	on of Deeth	4c. County	of Death	
Ŀ	100		Union 1	Memorial	Hospita:	1			alti			N/A		
	<sub>e</sub> Funeral Director		212-34-5874	Sex 7. I□M 2万 F	Age (In yrs. lest I	birthday) Yrs.	If Under 1 Yes Months Dey	ar if (	Under 24 ours	Hrs. 8. [	pate of Birth Month, Day CT 28	, 1935	9. Birthp Cour Ma	olece (Stete or Foreign ntry) ryland
	and **		Usuel Residence of Decedent  10a. State 10b. County		10c. City, To	wn or Loc	ation						1	IOd. Inside City Limits
	f she	5	Maryland N/A			timor								¶O∰es 2 □ No
	the 1	9	Maryland N/A  10e. Street end Number		Dal	CTIHOI	10f. Zip Code				14	0g. Citizen of V	What Cour	
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	lr dag	Jue	11. Maritel Status	12. Was Decede Armed Force	\$?	13. V	as Decedent of Yes, specify Cu	Hispan	nic Origin'i exicen. Pr	? (Specify uerto Rica	Yes or No-		e - Americ k, White,	cen Indien,
020	be filed within 72 hours aftar death with the Maryland tal Hygiana. dother than "natural", or items 23a or 28a-f show other than "natural", or items 23a or 28a-f show event, tru Medical Examines must be notified at	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 25 tf Yas, Give Yeer or Date			□ Yes ZŒN		ecify:		,		Whi	
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Maryland 21215-0020	od far b	To Be	Thomas Some							Sny		Meiden Sumam	ө)	
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State of Maryland / Department of Health and Mental Hygiene

DECEMBER 27, 1996

39393

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month DAVID **JOHNSON** DECEMBER 26,1996 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Desti Examiner 2100 BLOCK DUKELAND STREET BALTIMORE CITY 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country) lest birthday) **Funeral** M 2□ F Days 215-84-5254 Usual Residence of Decede Director 10e. Stete 10b. County City, Town or Location 10d. Inside City Limits 28a-f show mant be notified at Funeral Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 21216 238 Hems : 12. Was Decedent Ever in U,S Armed Forces 1 1 Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Maritei Stetus traumatic event, the Medical Examiner Pages 1 end 2 should be filed within 72 hours aftar nent of Health end Mental Hygiene. 1 Never Married 2 Married 1□Yes 200No Maryland 21215-0020 ð by Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) end Mental Hygiene. Is marked other than College (1-4or 5+) 18. Mother's Name (First, Middle, Maiden Some 17. Father's Name (First, Middle, Last) Be dhnson 100 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s
Department of Health er
Important: if Itam 27 Ia.
any Injury or other trau Ohnson-Ma Baltimore, 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Method of Disposition 20c. Location - City or Town, State 1) Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 251. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The lew requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were sutopsy findings available prior to completion of ceuse of death? 24a. Was an eutopsy performed? certificate 2□ No Attending Physician: Be 25. Was case referred to medicei 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) AT SCENE P Yes 2□ No this 28b. Time of Injury Certification: 27. Manner of Death 28d. Describe how injury occurred Affec 5 Pending investigation 1 Netural Subject shell 1658HX 1 Yes 2 Accident 12/26/96 å Director 3 ☐ Suicide Memicide 6 Could not be determined 28f. Location (Street end Number of Rural Route Number, City or Town, Stete) Was Twend and 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 8 Longwood fruitin Beltimore Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

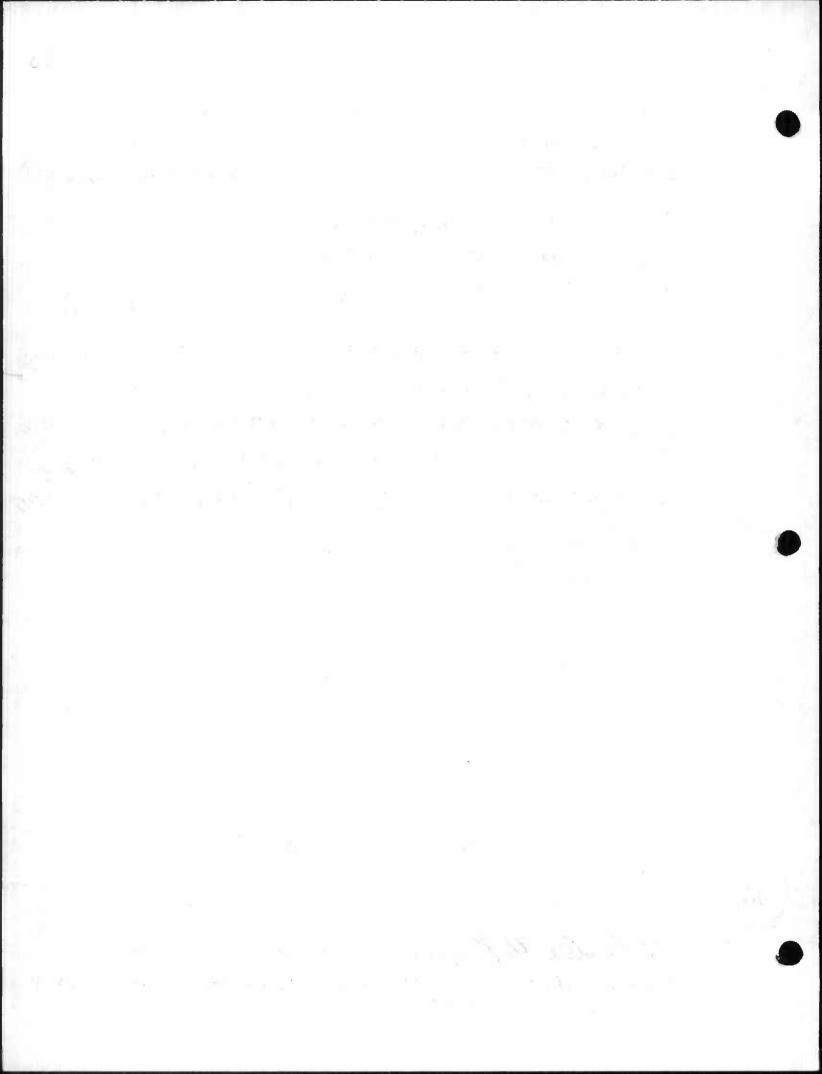
State Registrar

The vocati Mike 31. Date filed (Month, Day, Year) DEC 3 0 1996

30. Name end eddress of person who completed ceuse of dual, (tem 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

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O.C.M.E.



State of Maryland / Department of Health and Mental Hygiene

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39394

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** JOSEPH LEO JENKINS DECEMBER 21, 1996 16:32 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Days Hours Yrs Director 220-09-9891 85 JAN 6,1911 MARYLAND Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or hems 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director MD BALTIMORE CATONSVILLE 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? 1429 PLEASANT VALLEY DRIVE 21228 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 A No Specify Specify: þ 3 Widowed 4 Divorcad WHITE "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) FEDERAL RESERVE BANK SECURITIES MANAGER 12TH GRADE permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If them 27 is marked other any Injury or other traumatic event 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) BENJAMIN JENKINS MARGARET KOERNER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) LILLIAN M. JENKINS 1429 PLEASANT VALLEY DRIVE - CATONSVILLE, MD 21228 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) LORRAINE PARK CEMETERY 12/27 BALTIMORE 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility
HUBBARD FUNERAL HOMEINC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, bock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medicai Immediete Ceuse (Final disease or condition resulting in deeth) PARKLUSONS DZ Examiner Due to (or as a consequence of): Examiner ician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or as a consequence of) physician s the burial Box 68760. certificate be Physician/Medical thet initieted events resulting in deeth) Last Due to (or es e consequença of) 98 980 P.O. the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HTN on of Vital Records. ģ 24b. Were sutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peed CERLUCAL SPONDYLOSIS The law has page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate ding Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA Home this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred After ! 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide Derai Dia 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier (Check only one) m-21-96 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 0 4NERU 12/24/96 completed cause of deeth (Item 23e) (Type, Print) MD - 516 N. ROLLING ROAD-SUITE 205-CATONSVILLE, MD. 21228 DAKOB M LEVINE

gulia Savidson-Randall

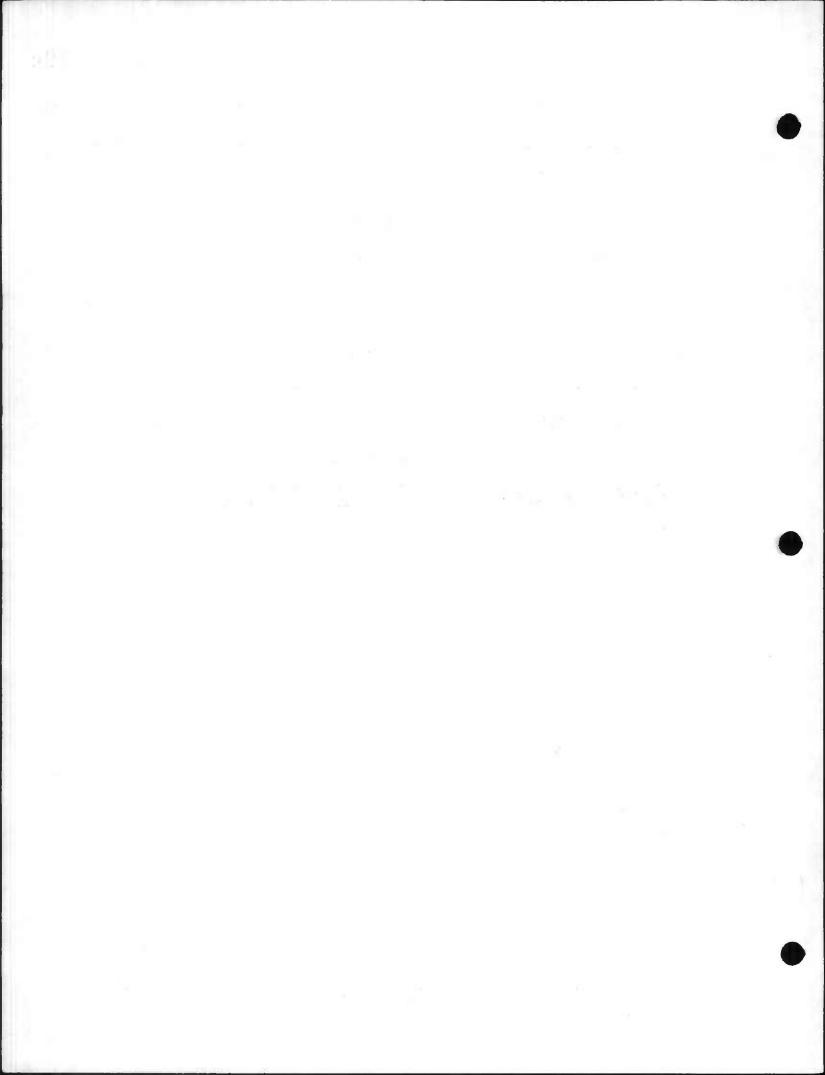
DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Yeer)

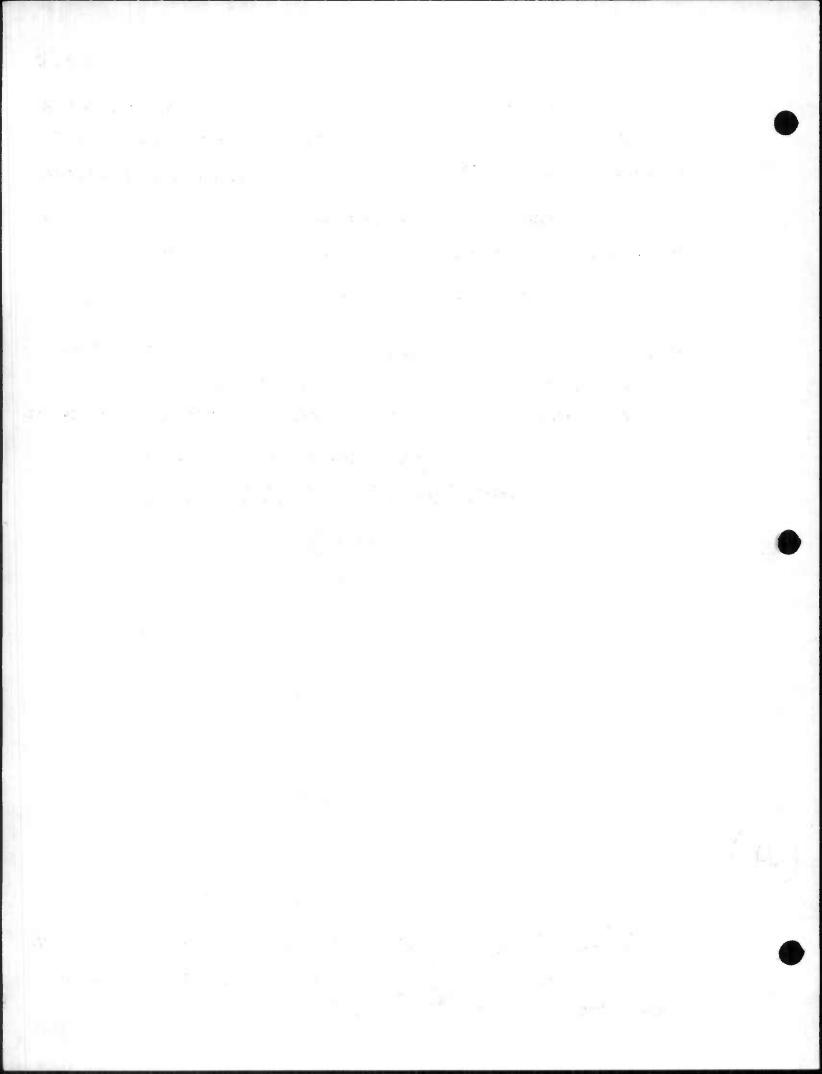
12/24/96



State of Maryland / Department of Health and Mental Hygiene 96

39395

			Cen	tificate of	Death		Reg. No.	
Phys /Me	ician dical	1. Decedent's Name (First, Middle, Last)  TOHN S. TAGO	DA			2. Date of Dea Month	Day Y	3. Time of Death 963.10 A. A
Exan		4a. Facility Name (If not institution, give street and number)  ST. AGNES HOSP			4b. City, Town, or Lo BALT 11			Death
Funer Directo	_	5. Social Security Number 6. Sex 7. Age 1	(In yrs. last birthday)	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Day SEPT 1	y, Year)	). Birthplace (Stete or Foreign Country) PENNSYLVANIA
the Maryland 28a-f show	Director		10c. City, Town or Loc CA	ation TONSVILL	E			10d. Inside City Limits 1 ☐ Yes 2₺ No
23a or 2	al Dire	10e. Street and Number 713 MAIDEN CHOICE LANE - #22	215	10f. Zip Code 212	28		10g. Citizen of Wh U.S.A	
tar des Itams	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced  12. Was Decedent Every Armed Forces?  1 □ Ves Cive Year or Dates:	1	/as Decedent of F Yes, specify Cuba ☐ Yes 2 No	lispanic Origin? (Spo an, Mexicen, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race - Black, Specify:	American Indian, White, etc. WHITE
5 5 9	Completed by	(Specify only highest grade completed)  Elementary/Secondery (0-12)  7TH GRADE  College (1-4or 5+)	(Give k		during most of worki			S ROEBUCK
aryland 212 should be filed with nd Mental Hygiene. merked other then	To Be	17. Father's Neme (First, Middle, Last) ANDREW JACOB JAGODA			18. Mother's Neme ROSE KORD	ECKA		
		19a. Informant's Name/Reiatlonship (Type, Print) ANNA JAGODA (WIFE)	19b. Mailing 713 M	Address (Street AIDEN CH	and Number or Rura OICE LANE	- #221	r, City or Town, St. 5-Catons	ville, Md 212
N T O O		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. Place of Disposicemetery, cremit	atory or other place		Dale 2/28	20c. Location - CI ELKRIDGE	
permit. Pag Department Important: I any Injury o	MINE	21. Signature of Funeral Support Licensee	HU		ss of Facility INERAL HOM		MORE, MD	21229
Physicial /Medica Examine	ı	23a. Part1. Enter the disease, or complications that caused the shock, or hear target List only one cause on each line.  Immediate Cause (Fined disease or condition resulting in deeth)	ne deeth point enter		ig, such as cerdiac c	or respiratory an	rest,	Approximate Interval Between Onset end Death
			ue to (or as e consequ TIC K		90100	SIS		12 DAYS
be execut cian and burial-tran	al Examiner	if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	ue to (or as a consequ	ence of):				
auth certificate be executed attending physician and for use as the bunal-transit	n/Medical	thet initiated events resulting in deeth) Last	ue to (or as a conseque	enca of):				
hat the do do by the detached	y Physician	Part II. Other significant conditions contributing to death but of DEMENTIA	not resulting In the unc	derlying ceuse giv	en in Part I.	23b. Did to	. /	ibute to the cause of death?
aw requir	Completed by					24e. Wes a		24b. Were autopsy findings available prior to completion of ceuse of death?
Ician: Tha li cartificata he rector, paga	Be Cor	25. Was case referred to medical			26. Place of Deeth	1 U Y		1 ☐ Yes 2 No
car drec	ToB	examiner? 1 Yes 2 No Hospital: 1 1 Inpatient	2 ER/Outpatient	3□ DOA Oth	or.		ence 6 Other	(Specify)
after death.	Certification:	27. Menner of Death  1	- At home, farm, stree		Yes 2 □ No			or Rural Route Number,
n 24 hours n 24 hours n Funera	edical	29a. Certifier (Check only one)  1 Certifying Physician: To the best of exercise on the basis of exercise on discontinuous and manner state.	camination and/or inve	occurred at the tin stigation, in my o	ne, date and place, opinion, death occurre	and due to the co	ause(s) and mann late and place, end	er as stated. If due to the cause(s)
To the within To the Comple	M				8125 /	4 . 2	DEC ·	Month, Day, Year) 25 th, 1996
12		30. Name and address of person who completed ceuse of deal DR · TARUN MEHRA, S	T. AGNE	rint) ES HO	SPITAL	BAL	LTIMOR	LE, M.D.
S Regis	tate trar	DEC 3 0 1996 32. Selicar Sunday	Signature 102					



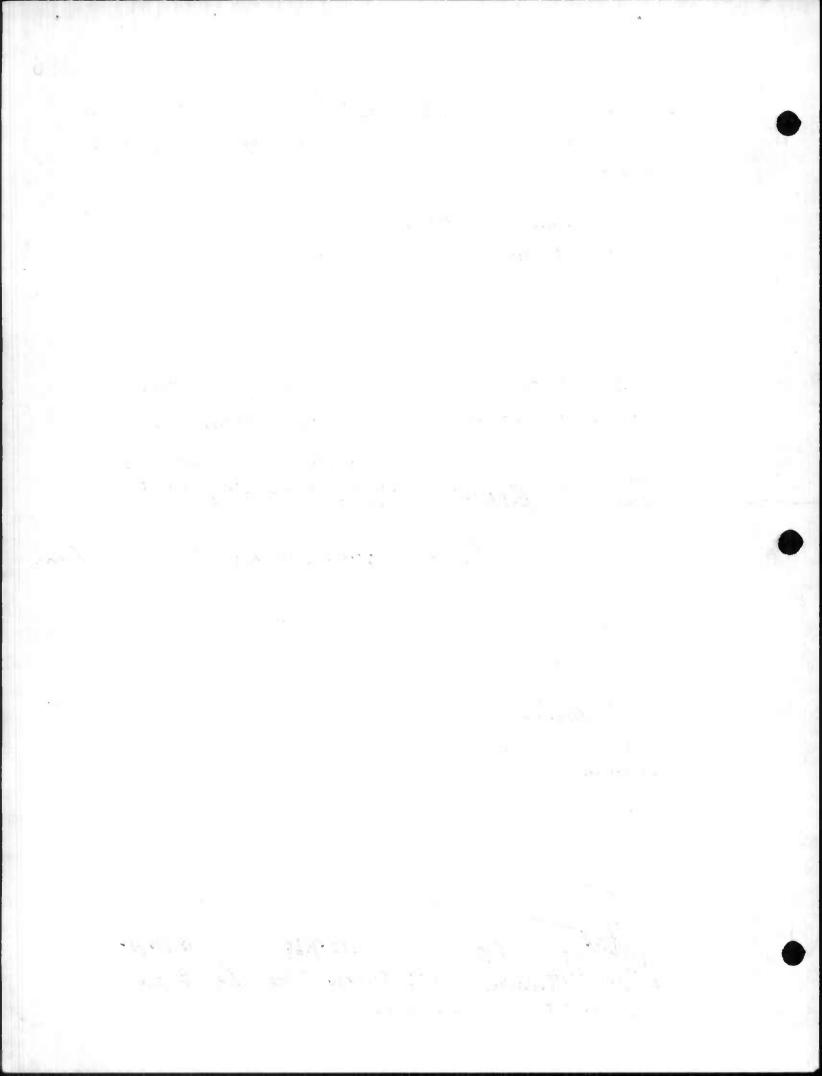
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

					Certific	cate of	Death		Reg. No.	96 3	9396
Physician /Medicai Examiner	n ii	1. Decedent's Name (First, Middle, Lasi		JOH	N5	014	4b. City, Town,	2. Date of D Month 12 or Location of Dea	Day /20/96	Year	3. Time of Death
<sub>o</sub> Funeral Director		INNS OF EVERGREEN 5. Social Sacurity Number 6. Se	7. Ag	e (In yrs. last b		ndar 1 Yaar ths Days	BALTI If Under 24	MORE	BALTI irth Pay, Year)	MORE (	CITY o (State or Fore
show		10a. State 10b. County		10c. City, To	wn or Location					10d.	Inside City Lim
with the Maryland a or 28a-f show the notified at	5	MD. BALTO. C	ΙΤΥ	BALTI	IMORE						1#1 Yes 2□
or 2	5	10e. Street and Number 3247 GULFPORT	DRIVE		100	. Zip Code			10g. Citizen of		
hours after death with the Mai urat, or frems 23s or 23s-f si at Examiner must be notified by Funeral Director	רשופות	11. Marital Status  1 Navar Married 2 Married	12. Was Decedant I Armed Forces? 1 Yas 24 N			11 _		7 (Specify Yas or Nuerto Rican, etc.)	US 14. Ra Bla Specia	ack, Whita, etc.	
n 72 nat	ואומומה	3 ∰Widowed 4 □ Divorced  15. Decadant's Edu (Specify only highest grad Elemantary/Secondary (0-12)	Year or Dates:	166	a. Decadent's (Give kind o life. DO NO	Usual Occup f work dona oT use ratired		working		BLACK	
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200	Ó	17. Father's Name (First, Middle, Last)  WILLIAM SU	MTER					Name <i>(First, Middle</i> LLIE	RICHBO		
s 1 and 2 should b t Health and Ments tem 27 is marked other traumetic e		19a. Informant's Name/Ralationship (Ty		19	b. Mailing Add	ress (Straat		r Rural Route Numi			da)
and 2 ealth a n 27 is		VIRGINIA CAROLIN	A DAUGHTE					ALTIMORE,	MD. 21	225	
0 0	2	20a. Method of Disposition  1			of Disposition ery, crematory ZION			Data	20c. Location	- City or Town,	
Department of Important: if any injury or once.	1	21. Signature of Euroral Sarvice Licans	" date	N	22. Nam EST	e and Addre	SS of Facility	FUNERAL H BALTO. MD	HOME P .	Α.	
and and III-transit	1	disaase or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or as a	a consequenca	of):	n de	slare			ulum
as been signed by the attending physician and 2.2 should be detached for use as the bunal-transit pleted by Physician/Medical Examiner		resulting in death) Last	d	Dua to (or as a	consaquence	of):					
igned by the attendir be detached for use by Physician/R		Part It. Other significant conditions con	ntributing to death bu	ut not rasulting	in tha underlyi	ng causa giv	an In Part I.		tobacco use co Yes 2□No		-
page 2 should be d		PVD						24a. Was	s an autopsy ormad?	avallat	autopsy finding pla prior to ption of cause th?
ate has page 2		Mumia						10	Yes ZUNo	1 □ Ye	
s certificate he director, page	2	25. Was case raferred to medical axaminer?	facettet.					Daath (Check only	ona)		
this certific ral director, TO Be		1 Yas 2 No	1 Inpatier		utpatient 3	DOA Oth	44 Nursin	g Homa 5 ☐ Res	idenca 6 □Oth		
at Director: After the od in by the funeral Certification:		1 Natural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be	28a. Date of Injur (Month, Day		Injury M		k? Yes 2 □ No				
2 2 2		4 Homicida determined	28e. Placa of Inju building, etc.					City or To	(Street and Numi wn, State)		
wal bir filled in			sician: To tha best o	f my knowledge	e, death occur	rad at the tim	ne, data and pla	aca, and due to the	cause(s) and ma	annar as stated	d. cause(s)
priority affection in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in the priority filled in	2	29a. Certifier 1 ☐ Certifying Phys (Check only one)	ner: On the basis of and manner stat	examination ar	nd/or invastiga	non, in my of	onnon, daatn oo	ccorred at the time,	, date and prace,	and ago to the	04400(0)
	2	2 Medical Examin	ner: On the basis of	examination ar	nd/or invastiga	29c. License			29d. Data signe 12 /26 4 30	ed (Month, Day	

DHMH 16 Rev 6/95



96-7187-510 ITEMS: 23 PART I, II, 27, PER Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene MEO FILM G-743 1/7/97 t.t 39397 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death DECEMBER 16, 1999 200 FINPM **Physician** PRESCILLA JOHNSON /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE CITY STNAT HOSPITAL BALTIMORE If Undar 24 Hrs. 8 5. Social Security Number 8. Data of Birth (Month, Day, Ye 10/11/57 7. Aga (In yrs. lest birthday) Birthpleca (Steta or Foreign Country)
 MD. 6. Sex **Funeral** 10 M 2 F Days Months Hours Min. Yrs. Director 39 216 68 5016 Usual Rasidance of Decedant with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner must be notified at ₩ Yas 2 No Directo MD. BALTO. CITY BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 23a or 4501 WAKEFIELD RD. APT. B death v 21216 USA 'natural', or items 12. Was Decedent Ever in U,S. Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Bleck, Whita, atc. 11. Marital Status pernit. Peges 1 and 2 should be filed within 72 hours effect Department of Health and Mentel Hygiene. Important: if item 27 is merked other than "natural", or itel any injury or other traumatic event, are Mexical Examines and. 1 ☐ Yas #☐ No If Yas, Giva 1 #Navar Marriad 2 ☐ Married 1 ☐ Yas #☐ No Specify: þ Specify: BLACK 3 Widowed 4 Divorced Yaar or Detes Completed 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry **ENOCH PRATT** Elementery/Secondery (0-12) College (1-4or 5+) LIBRARIAN 12 4 LIBRARY 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be 2 RUDOLHP JOHNSON SADIE J. JOHNSON 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) SADIE J. JOHNSON MOTHER 1509 N. APPLETON ST. BALTO. MD. 20a. Mathod of Disposition 20b. Plece of Disposition (Nema of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 # Buriai 2 □ Cremetion 3 □ Ramovel from Stata 4 Donation 5 □Othar (Specify) HOUSE HOLD FAITH 12/23/96 AYNOR, S.C. 21. Signatura of Fuperal Service Licensee 22. Nama and Address of Facility
ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. 21 BALTO. MD. 1 23a. Part Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each me. Approximate Intervat Bety Onset end Death **Physician** Immediata Cause (Final disaasa or condition rasulting in daath) /Medicai DILATED CARDIOMYOPATHY Examiner Due to (or as a consequence of): Examiner The law requires that the death certificete be executed physician and s the bunal-trans Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Lest Dua to (or as a consequance of): sion of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e conseguence of) use as for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ate has been signed by the pege 2 should be detached 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Ø Unknown **ASTHMA** þ 24b. Ware autopsy findings available prior to completion of causa of daath? Completed 24a. Was an eutopsy performed? certificate 1 XYas 2 - No 2 No Physician: director. Be 25. Wes casa rafarred to medical 28. Place of Deeth (Check only ona) examinar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this Certification: 27. Mannar of Daeth 28a. Data of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 X Netural 5 Pending investigation Injury 1 Yas 2 No 2 Accidant 9 6 Could not be 3 Sulcide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicide 5 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date end piece, and dua to tha ceuse(s) end mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and mannar stated. 29a Cartifian Medical 29b. Signature end titla of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year)

State Registrar

Stephen

31. Data filed (Month, Day, Year) DEC 3 0 1996

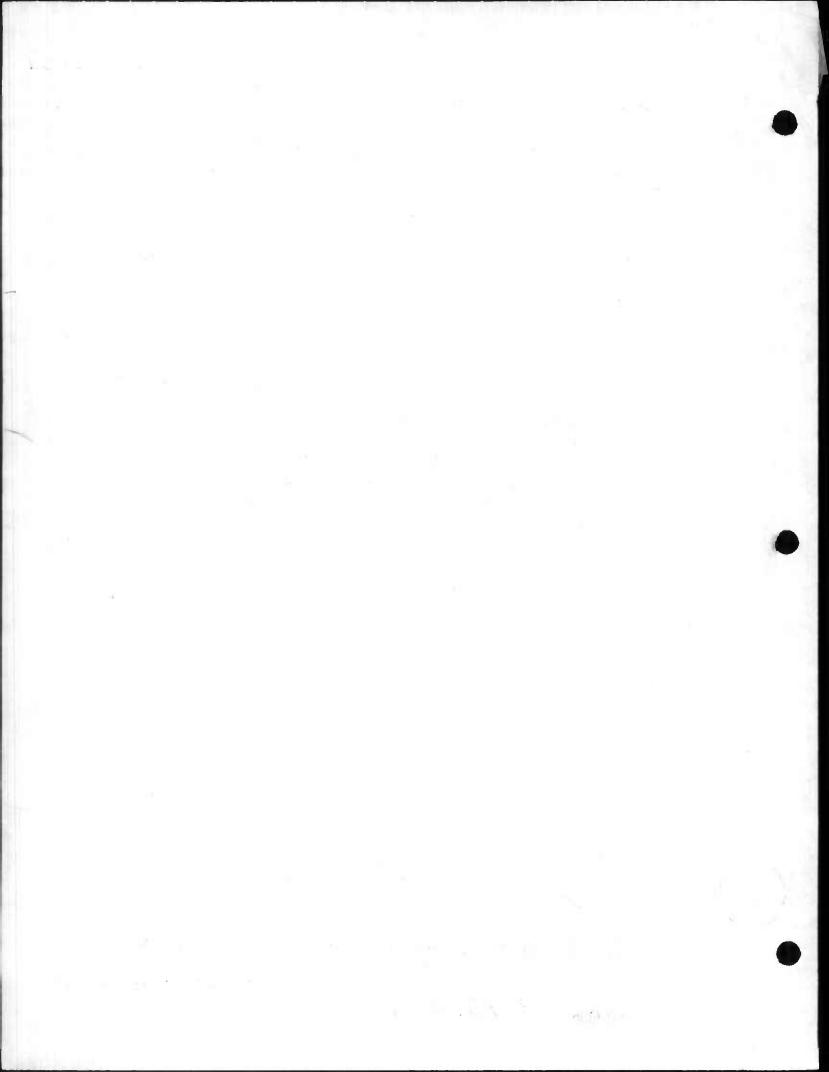
30. Nama and address of person who complated causa of daeth (Item 26e) (Type, Print) Radentz

**DHMH 16 Ray 6/95** 

DECEMBER 17, 1996

OCME

MD 111 Penn Street, Baltimore, Maryland 21201



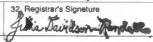
	-	Decedent's Name (First, Middle, Last	-41	Cei	rtificate of	Death		Heg. No.	96 393	
Physic /Medi	cal	Lieselotte  4a. Facility Name (If not institution, give	Kon	federak		Ab. City Tours	2. Date of De Month Decembe	r 24, 1		
Exami Funeral Director	Ш	Golden Oaks Nursi 5. Social Security Number 6. S 508-38-4902	ing Home	e (In yrs. last birthday) 82 Yrs.	It Under 1 Year Months Days	Laurel		Prince	of Death  Ce George  9. Birthplece (State Country)  Germany	or Fore
of show fied at	tor	Usual Residence of Decadent	George	10c. City, Town or Lo					10d. Inside	
thypiens ther than "natural", or items 23s or 28s-f show ther than "natural" contined at our first Medical Examiner must be notified at	Funeral Director	10e. Street end Number 8600 Mike Shapiro			10f. Zip Code 20735	5		10g. Citizen of V	What Country?	-/-
al', or items	by	11. Maritai Status  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes ※XXN If Yes, Give Year or Detes:	No I	Wes Decedent of I f Yes, specify Cub I □ Yes 2 No	dispenic Orlgin? en, Mexican, Pu Specify:	(Specify Yes or No erto Rican, etc.)		ce - American Indian, ck, White, etc.  White	
jiona. r than "natural", or flema 23a or 28a-f show the Moulcel Examiner must be notified at	Completed	15. Decedent's Ed (Specify only highest grad Elemantary/Secondary (0-12)		(Give life. L	lent's Usuel Occu kind of work done DO NOT usa ratirs	during most of w	vorking	16b. Kind of Bi	usiness/Industry	
th and Mental Hygiena. 7 ie marked other than traumatic event, the M	To Be C	17. Father's Name (First, Middle, Last) (Unavailable)				Mary	Brinkmar	Maidan Surnan IN	ne)	
taaith ar m 27 ie her trau		19a. Interment's Name/Relationship (7  Josef Konfederak  20a. Method of Disposition 1□ Burial 2 ⊡Cremation 3□	/Husband	8600 20b. Place of Dispo	Mike Sha	piro Dr	ive #614,	Clinto	on, MD 207. City or Town, State	35
Department of It Important: If ite any injury or of once.		4 Donation 5 Other (Specify 21. Signaldre of Funeral Service Licens	2'2		Name end Addre Fleck Fu	ess of Facility Ineral H	ome, Inc.		, Marylan	
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State of Maryland / Department of Health and Mental Hygiene

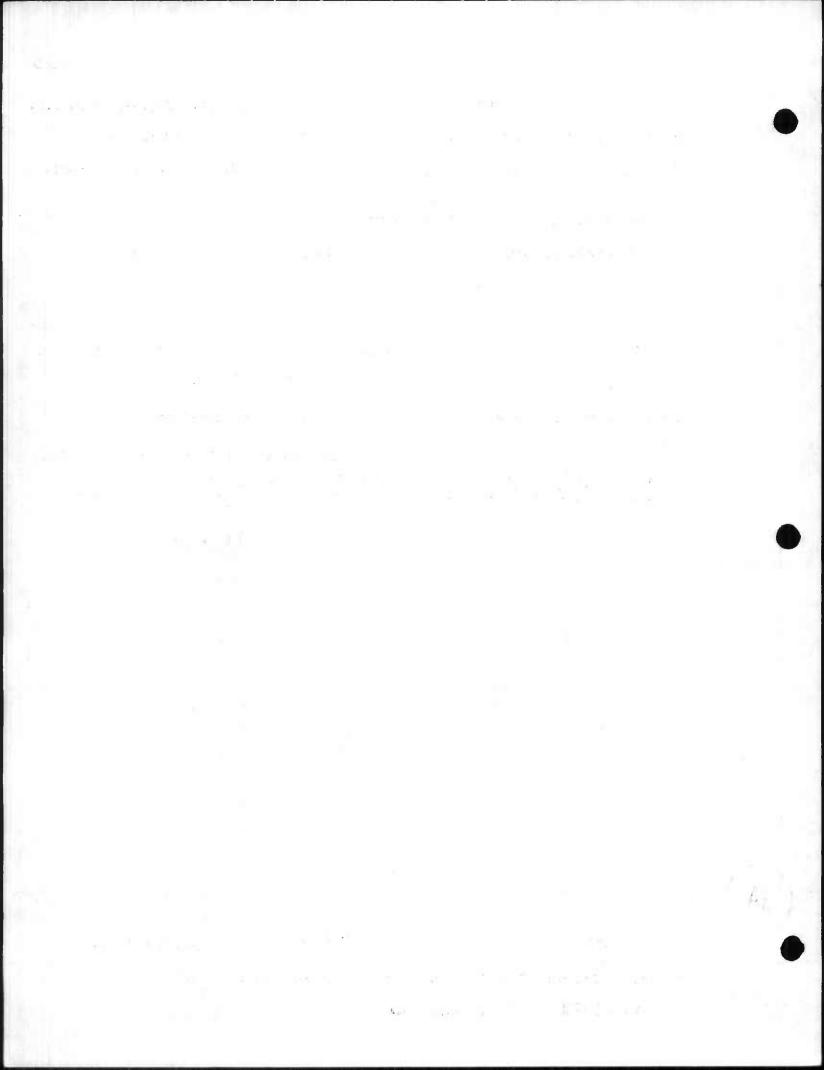
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Qunknown  by findings  of cause	

State Registrar 31. Date filed (Month, Dey, Year) DEC 3 0 1996

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)



Dr. Khin Myint 9000 Franklin Square Dr. Baltimore, Maryland 21237



State of Maryland / Department of Health and Mental Hygiene

29d. Data signed (Month, Day, Year)

39400

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** DORSEY KEITH JR. E 21 DECEMBER 1996 /Medical 10:05AM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** 1 M 2□ F Days 238-36-9889 **Director** North Carolina Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show PRINCE 1 ☐ Yas 2 No Director GEORGES 10e. Street and Number 10g. Citizan of What Country? Field Chapel Road

12. Was Dacedant Evar in U.S.
Armed Forcas?

12 Yas, 30 No 7-25-50

If Yas, Giva JSA Items 23a 20706 Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 4. Race - Amarican Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or then any injury or other traumatic event, the Madical Evantmer. 1 Nevar Married Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Black Specify: à 3 ☐ Widowed 4 ☐ Divorced 7-24-53 Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) Mosters Degree Truent Officer & Teacher D.C. Yul
18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Be Mariah Brodie Dorsey E. Keith SR 19a. informant's Name/Ralationship (Type, Print) Whitfield Chapel Road Butmore Md. 2000 Date 200. Location City or Town, State Sthes Keith 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 1XBuriai 2 ☐ Cramation 3 ☐ Ramovai from Stata Maryland 12/27/96 Crownsville Maryland 4 Donation 5 Othar (Specify) 21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of F ROWN JR. Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical ARREST Examiner Pneumonia sician and burial-transit The law requires that the deeth certificate be executed Sequentially list conditions, if any, leeding to immadiate causa. Enter Underlying Cause (Diseasa or injury thet initiated evants rasulting in death) Last Due to (or es a consequence of): physician s the burial P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown umon Records. Ď 5.8 Completed 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 1 ☐ Yas 2 ☐ No certificate Division of Vital or Attending Physician: director, 8 25. Was case rafarred to medical 26. Placa of Death (Check only ona) 1 Yas 205 No Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA filled in by the funeral 28c. injury at Work? Certification: 27. Mannar of Death 28b. Tima of 28d. Describe how injury occurred After 5 Panding investigation 1 Natural
2 Accident death. 1 ☐ Yas 2 ☐ No To the Hospital or Attendity within 24 hours after death.
To the Funeral Director: A completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in by the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal completely filled in the formal com 6 Could not ba 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, street, fectory, offica building, etc. (Specify) 4 I Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian edical (Check only one)

29c. Licanse number

A. NZE MO PA, 7801 YORK RD #300, TOWSON, MD 21204

State Registrar 29b. Signatura and titia of certiflar

Roy mond A · M2 forms

30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print)

32. Repistrar's Signature

**DHMH 16 Ray 6/95** 

S. North-Day × × 

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	Mileston and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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<b>DIVISION OF VITAL</b>	, OR ATTENDING PHYSICIAN: The law	MINISTRAL BAN ALL AND AND AND AND AND AND AND AND AND AND

THE HOSHIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

INDURANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	CHIIF	ICALE	OF	DEATH	REG. t	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	KRIETE	E				-	2. DATE OF DEATH MONTH		YEAR IGO/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 Y	FAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	( 0) 1,	a BIDTI	IPLACE (State or Foreign
	213-05-7689	1 🖾 M 2 🗆 F	87	YRS.	-	AYS	HOURS MIN.	July 12,		Count	irginia
	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	O NWC	R LOCATION OF DE			JNTY OF O	
OR	Caton Manor Nur	sing Home			В	a1t	imore			N/A	
ַוּ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	v		100 CIT	r, TOWN OR I					21/ 22	
DIRECTOR	Maryland	Carroll		ioc. Cit		esv.	ille				10d. INSIDE CITY LIMITS? t YES 2 X NO
FUNERAL	10o. STREET AND NUMBER					101.	ZIP CODE		10g. Cl	TIZEN OF V	VHAT COUNTRY?
핃	6739 Slacks Road							21784		U.S.	
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EV FORCES? 1	YES 2 X	MED	13. WA:	S OECE	ENDENT OF HISPAI cify Cuban, Maxica	HC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No-	14. RACE Bleck	E — American Indian, k, White, etc.
B	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR	OR OATES		1 🗆	YES	2 NO Specify	y:		Speci	w. White
	15. DECEDENT'S EOU (Specify only highest grade		18a. OE	CEDENT'S	USUAL OCCL	JPATIO	N	16b. KINO OF	BUSINESS/IN	DUSTRY	WILLE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iife.	Do NOT us	vork done duri e retired.)	ng mos	t of working				
를	9th		Mad	chini	st			Mart	in Ma	riett	a
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maid			
BE	John	Kriete					Em:	ily	Tribl	ble	
2	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (S	treet ar	d Number or Flural I	Route Number, City or	Town, State, Z	ip Code)	
-	Mrs. Arlene Geppi	L						lle, Marv	land	2178	4
	20s. METHOD OF DISPOSITION  1 X Burlai 2 Cremation 3 Rem	oval from State	20b. PLACE A cemetery, cre-	matory or of	her place)			1	LOCATION -		
	4 Donation 5 Other (Specify)	PENIOPE	Grani	te Pr				em 12/27	Grani	te, l	4DO
	OF FORERAL SERVICE LIC	A A					Byers I	Guneral D	irecto	ors.	Inc
	John K.	Agrit			872	8 L	iberty I	Road Ran	dallst	town,	MD 21133
	23. PAHT Letter the diseases, or check, or heart tailure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only one cause of	on each line	str	ge L	R	enal	Fui	line		Approximata Interval Between Onset snd Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	BUE TO JOR	AS A CONSEC	ENCE OF	noe		rem	pa	114	4	lows
윤	CAUSE (Disease or injury that initiated events	e. DUE TO (OR	AN A CONSEC	THENCE OF		~					6-40,
틽	resulting in death) LAST		U.		- 0	/	to	dano	- 4		50.
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EDICAL	PART II. Other significent condition	a contributing to dee	fenn	esulting I	n the unde	rlying	ceuse given in		AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTI	DIRLITE TO CALLS	E OE DEA	TU VE	s 🗆 No	\ \	UNCERTAIL				1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CAUS			H (Check only	$\sim$	UNCERIAII	101			
ဒ္ဓင	EXAMINER?	HOSPITAL:			OTHER:		6 - Beeldoon	8 Other (Specify)			
PHYSICIAN: M	27, MANNESHOF DEATH	28s. DATE OF INJI	URY	28b. TIM	E OF 28	c. INJU	IRY AT	28d. DESCRIBE HO	W INJURY O	CURED	
BY P	Natural 5 Pending Investigation	(Month, Day, Y					ES 2 NO				
	3 Suicide S Could not be detarmined	28a. PLACE OF IN- building, atc.	LACE OF INJURY — At home, ferm, atreet, factory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						loute Number,		
COMPLET		CIAN: To the best of my									and manner as stated.
BE C	296. SIGNATURE AND TITUE OF CENTIFIES			1	5		29c. LICENSE NUM				(Month, Day, Mar)
5	SIL NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH TEN	1 27 6/20.	reint)		1)29	769		14	24/96
	31. DATE FILED (Month, Day, Year)	) Albu	er my	2	56	6	N. R	olling	Rd	1	30/40
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# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 39402

					Cer	tificate d	of Deat	n		Reg. No.		
Physicia /Medic		1. Decedent's Neme (First, Middle, L Is raed		Lev	y				2. Dete of De Month Decemb	er 28		3. Time Death
Examin	er	4e. Facility Name (If not institution, gi Northwest Hospiral							town		y of Deeth	none
Funeral Director		214-50-4399	Sex 1IXM 2□F	7. Age (In yrs. le 86	as <i>t birthdey)</i> Yrs.	If Under 1 Ye Months De		Min.	8. Dete of Bi (Month, Do JUNE	7,1910	9. Birthp Court POL	place (State or Foreign http:// AND
pue **		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City	, Town or Loc	ation					1	0d. inside City Limits
Meny	tor	MARYLAND N/	7		P	BALTIMO	DF					Y☐ Yes 2☐ No
r 28a	Director	10e. Street end Number	Α			10f. Zip Cod	-			10g. Citizen ot	What Cour	ntry?
23a d	alD	6423 ELRAY DRIVE,	APT. B				21	209		USA		
al', o	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merried  3 XWidowed 4 Divorced	Armed F	2 No		Ves Decedent Yes, specify (			pecify Yes or No Rican, etc.)	14. Rei Bie Specif	ce - Americ ick, White, by:	
Foat J	Completed	15. Decedent's E (Specify only highest gi	ducation		16a. Deced	ent's Usuel Oc aind of work do O NOT use ra	cupetion	ant of word	t fo o	16b. Kind ot B		
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Import any inj once.		21. Signeture of Funerel Service Lice	nsee		22.	Neme end Ad	dress of Fed	ON &	BROS.	TNC		
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		23a Pert1. Enter the disease, or conshock, or heart teilure. List only	plications the one ceuse on	saused the deeth. each line.	. Do not ente	r the mode ot	dying, such e	s cardlec	or respiretory e	errest,		Approximate Intervel Between
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State of Maryland / Department of Health and Mental Hygiene

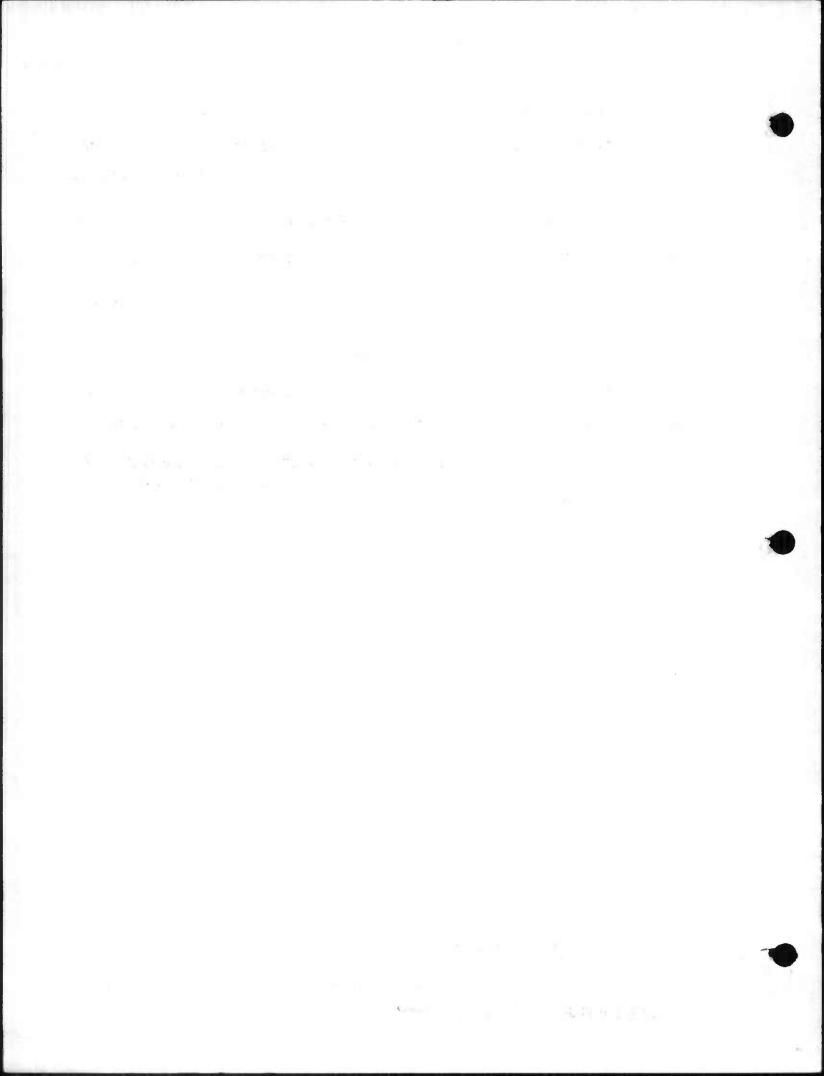
39403 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Deta of Deeth 3. Time f th Month **Physiclan** Year dec Lever rnne 1956 /Medical 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LEVINDALE NURSING HOME BALTIMORE If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Months Deys Hours Min. (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Aga (In yrs. lest birthdey) Birthpleca (State or Foreign Country) **Funeral** 1 M. 2 J. F 87 Yrs. 055-38-0323 Director NOV. 29, 1909 NEW YORK Usuei Residence of Decedent the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. inside City Limits or 28a-f show a notified at 1 ☐ Yes 2 ☑ No Director BALTIMORE STEVENSON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 0 3 72 hours after death with me 23a 8601 PARK HEIGHTS AVENUE 21153 U.S.A. Funeral r then "natural", or items the Mooreal Examples in Was Decedant of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Biack, Whita, etc. 12. Was Decedent Ever in U,S. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Nevar Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes Q No Specify: p Specify: WHITE 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usuei Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOUSEWIFE 12 OWN HOME .. Pages 1 and 2 should be filed vitment of Health and Mental Hygia tant: If them 27 is marked other talury or other traumatic event, in 17. Fether's Name (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumema) Be MORRIS SHAPIRO CLARA **JACOBSON** 19e. Informent's Name/Raietionship (Type, Print) 19b. Meliling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) JOANNE WALLACH / DAUGHTER 8601 PARK HEIGHTS AVE. STEVENSON, MD 21153 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 P Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donetlon 5 ☐ Othar (Specify) permit. Page Department of Important: If any Injury or once. 12/29/96 REISTERSTOWN, MD HAR SINAI CONGREGATION 22. Nama and Address of Fecility 21. Signeture of Funeral Servica Licensee Tay 1 SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23a. Pert1. Enter the diseasa, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on aach line. Approximata interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel Cardiodisaasa or condition resulting in deeth) Examiner theroscients sician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants resulting in deeth) Lest Due to (or es a consequence of) physician s the burial P.O. Box 68760. 24 Physician/Medical Due to (or es a consequance of): 88 Pert ii. Other significant conditions contributing to death but not resulting in the undariying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by it 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown monomy 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy cerebro vos cula certificata 1 Yas 2 No Division of Vital Attending Physician: 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitel: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 1 Yas 2 No this 28e. Dete of injury (Month, Dey Year) 27. Mennar of Deeth 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred Certification: re Hospital or Attensor 24 hours after death. 1. Naturai 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 28e. Plece of injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homleida Tertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifian Medical (Check only one) within 2 To the 29b. Signetura end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) Zonsuel 30. Name and eddress of person who completed cause of daeth (item 23a) (Type, Print) 12 vmues m 3. Registrar's Signetur Julia Davidson State Registrar

State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / D

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39405

Physician
/Medical
Examiner

**Funeral** Director

the Maryland in "natural", or Items 23a or 28a-f show Medical Examiner must be notified at death

Pages 1 and 2 should be filed within 72 hours after one of Heath and Mentel Hygiene.
Int: If Item 27 is marked other than "natural", or Item into or other transmity or other transmity or other transmits. filem 2. other t permit. Page Department of Important: If any Injury or once.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

ician and buriel-transit The law requires that the death certificate be executed physician s the buriel Box 68760, 88 use signed by the signed for P.O. Records, page 2 certificate on of Vital Physician: Similar Bulging S

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Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Lest) 3. Time of Deeth 2. Dete of Deeth Month Dey Yeer December 22, 1996 CHARLEATHER LEAK 10:50a 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 503 NORMANDY AVENUE BALTIMORE None 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number 6. Sex Birthplece (Stete or Foreign Country) 1 M 2 XF Yrs. 216-34-3587 57 07-16-38 North Carolina Usuei Residence of Decedent 10e. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland None Baltimore 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whef Country? 503 Normandy Ave. 21229 Funerai USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 Ê No if Yes, Give Year or Detes; 11. Maritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+) 12 Custodial Supervisor Apartment Complex 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be P Andrew Leak Grace Henry 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Alternease Hardaway / Sister 620 Kahn Dr. Baltimore, Maryland 21208 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 8urial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 12-28 Landsdowne, Maryland 21. Signature of Funerel Service License 22. Name end Address of Fecility The Derrick C. Jones Funeral Home 4611 Park Heights Ave. Baltimore, Maryland 21215 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause of each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final diseese or condition resulting in deeth) Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? INSPECTION 1 Yes 2KXo 1 TYes 2 No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1X Yes 2 □ No Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturel
2 Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

(Check only one) 29b. Signeture and fittle of certifier

29e. Certifier

1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) and manner as atted.

2X Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete end piace, end due to the cause(s) end menner steted. 29c. License number Theodore M. Kirk.

29d. Dete signed (Month, Dey, Year) December 22, 1996

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

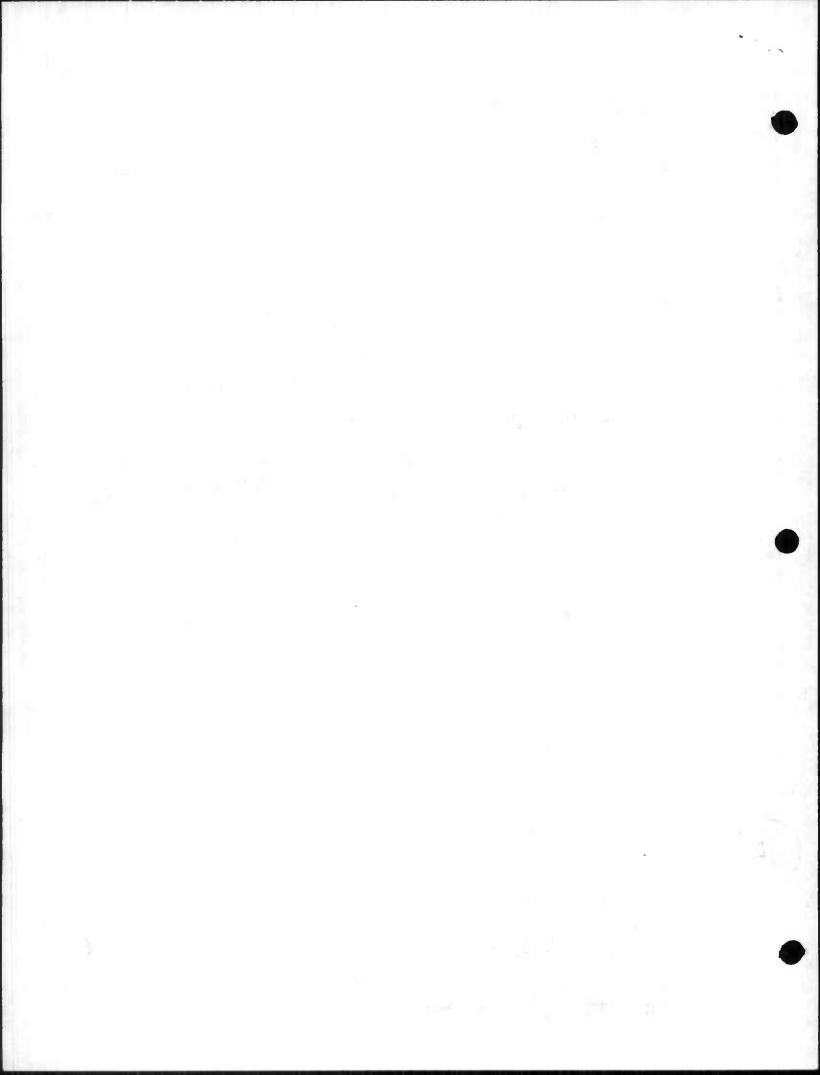
State Registrar

Medical

Donald G. Wright M.D. 32. Registrer's Signyure 31. Dete filed (Month, Dey, Year) DEC 3 0 1996

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1	Decedent's Nama (First, Middle, L	ast)	arylario		icate of			Reg. No.	96	39406 3. Time of Death
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		Marguerite Wils  20a. Method of Disposition  1 \overline{M} Burlai 2 □ Cremation 3 [	Removal from Stata	20b. Plac	a of Disposition etery, cremeto	oxhill on (Neme of ony or other plea	ce)	Date	20c. Location -	City or Tow	
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ox bor bou, n certificate be executed anding physician and use as the burial-transit	ledical Examiner	immadiate Cause (Finet disaase or condition resulting in death)  Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	· Hyper	Due to (or as	rillati s a consequen	ce of):	dent				3 days years years
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r Vital Med yelclen: The law s certificate has b director, page 2 s	Com							10	res 2 ko	10	Yes 2₽No
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Sta	ate	30. Name and address of person who FREDERICK B. H. 31. Date filled (Month, Dey, Year) DEC 2.0.1006	completed cause of de	eath (Item 23 155 L1 or's Signature	TILE P	) TUXENT	PKWY, S	WITE 209	Column	51A, M	0 21044



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month December 1996 JOHN LYNHAM 26 17:15 PM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore
| If Under 24 Hrs. | 8. Dete of Birth | Hours | Min. | 5/20/1916 St. Agnes Hospital 5. Social Security Number 214-01-0242 If Under 1 Yaar 7. Aga (In yrs. last birthday) Birthplace (Steta or Foreign Country) **Funeral** 1XXM 2□ F Days 80 Yrs. Director District of Col Usuel Residence of Decedent with the Maryland 10a State 10h Count 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at MD Baltimore Catonsville 1 Yes XX No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1121 Pleasant Valley Drive 21228 U.S.A. Funeral death 12. Was Decedant Ever In U,S. Armed Forces? 1∑ Yas 2 □ No If Yes, Giva Yeer or Detes: Wea Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) Race - American Indien, Bieck, Whita, atc. filed within 72 hours after of Hygiena. 1 Nevar Married Married 1 Yea 2 No Baltimore, Maryland 21215-0020 Specify: Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Planning Engineer C&P Telephone 17. Fathar'a Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meldan Surnema) Be Pages 1 and 2 should be facent of Health and Mental Innt: If Item 27 is marked of John Cameron Lynham, Sr. Norma Halstead 19e. Informant'a Neme/Raiationship (Type, Print) 19b. Meiling Address (Street end Number of Rural Route Number, City of Town, Steta, Zip Code) Louise Lynham / Wife 1211 Pleasant Valley Drive Catonsville MD 21228 other 20b. Plece of Disposition (Nama of cematery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition XX Burlai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 6 Department of Important: If any injury or other. Lakeview Memorial Garden 12/31/96 Maryland 22. Name and Address of Fecility Witzke Funeral Home 21. Signeture of Funeral Service Licenses 1630 Edmondson Avenue Catonsville, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Batween Onset and Death **Physician** Immediate Cause (Finel disaase or condition resulting in deeth) /Medical PROBABLE SEPSIS Days **Examiner** Dua to (or as a consequence of): Examiner ISCHEMIC BOWEL Days physician and the burial-transit that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Dieasas or injury that initieted events resulting in death) Last Due to (or es a consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of): usa as attending | been signed by the s should be datached Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Completed 24e. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? this certificata has Yas 2 No Yas 2 No Division of Vital Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yaa 2 No Hospitei: X□ Inpatient 2□ ER/Outpatient 3□ DOA 2 Inneral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Aftar X Netural 5 Pending investigation death. 1 ☐ Yas 2 ☐ No 2 Accident the rector: 3 Suicide 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the causa(s) and mannar as stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the causa(s) and mannar stated. Medical 29a. Certifier 29b. Signeture and title of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 29c. Licensa number 29d. Data signed (Month, Day, Year) December 27, 1996 D30802 D 30. Neme end address of person who completed cause of deeth (item 23a) (Type, Print) Dr. Jean M. Colandrea St. Agnes Hospital 900 caton Avenue Baltimore, MD 21229 31. Date filed (Month, Dey, Year) 32 Begistrar's Signature State DEC 3 0 1996 Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month JOHN MOSES DEZEMBER 1996 18:01 /Medical Facility Neme (If not institution, giva straat endinumber) 4b. City. Town, or Location of Death 4c. County of D∉eth Examiner Dalt If Under 24 Hrs. If Under 1 Year 8. Dete of Birth (Month, Dey, (In yrs. lest birthday) **Funeral** 9 Birthplece (State or Foreign 10 M 2□ F Months Days Hours Director Yrs arolina Usual Rasidence ot Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Yes 2 No Maryland Director more 10e. Street end Numbe 10a. Citizen ot Whet Country? 10f. Zip Code 6 162 ndson Items 23a Funeral 12. Was Decedent Ever In U,S. Armed Forces?

1 ☐ Yes 2 10 No If Yes, Give Yeer or Dates: Wes Decadant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus Rece - Amarican Indien, Black, White, etc. traumatic event, the Medical Examiner 1 Naver Merried 2 ☐ Marriad Baltimore, Maryland 21215-0020 nd Mental Hygiene. marked other than "natural", or 1 Yas 2 No by Specify: 3 ☐ Widowed 4 ☐ Divorced merican Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NQT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Worker 17. Fether's Neme (First, Middle, Last Pages 1 and 2 should be family of Health and Mental I interest it item 27 is marked of ose 19a. Intormant's Neme/Relationship (Type, Print) Rural Routa Number, City or Town, State, Zip Code) Md. 212 other 20b. Plece of Disposition (Name of camelory, crematory or other plece) Mathod of Disposition Date 20c. Location - City or Town, Stata Burtel 2 Cremation 3 F 3 Removal from State ò permit. Page Department of Important: If any Injury or once. -101 22 Neme and Address of Facility 21. Signature of Funeral Service Licen uneral Home ve. Balto. Ma. Home Joseph 2222 5 Ave. W. North If the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximete Interval Between Onset end Death **Physician** /Medical Immediete Ceusa (Finel SEPSIS Iweek disease or condition resulting in deeth) Examiner Dua to (or es e consequence ot): Physician/Medical Examiner > Dureeks FOOT INFECTION physician and the burial-trensit The law requires that the death cartificete be executed Sequentielly list conditions, if eny, leeding to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in deeth) Last Due to (or as e consequance ot): P.O. Box 68760, > 10 years DIABETES Due to (or es a consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 | Yee 2 | No signed b HYPERTENSION Records, by Completed 24e. Wes an autopsy performed? 24b. Were eutopsy tindings avellable prior to STROKE completion ot cause of death? 1□ Yes 2 No 1 Yes 2 No Division of Vital Hospital or Attanding Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) 1 Yes 2 No 1 Adnpatient 2 ER/Outpatient 3 DOA Certification: To After this illed in by the funeral 27. Menner of Deeth Deta of Injury (Month, Dey Year) 28b. Time ot 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident n 24 hours efter deatl 3 ☐ Sulcide 6 Could not be detarmined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homicide edicai Certifying Phyeician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner es stated.

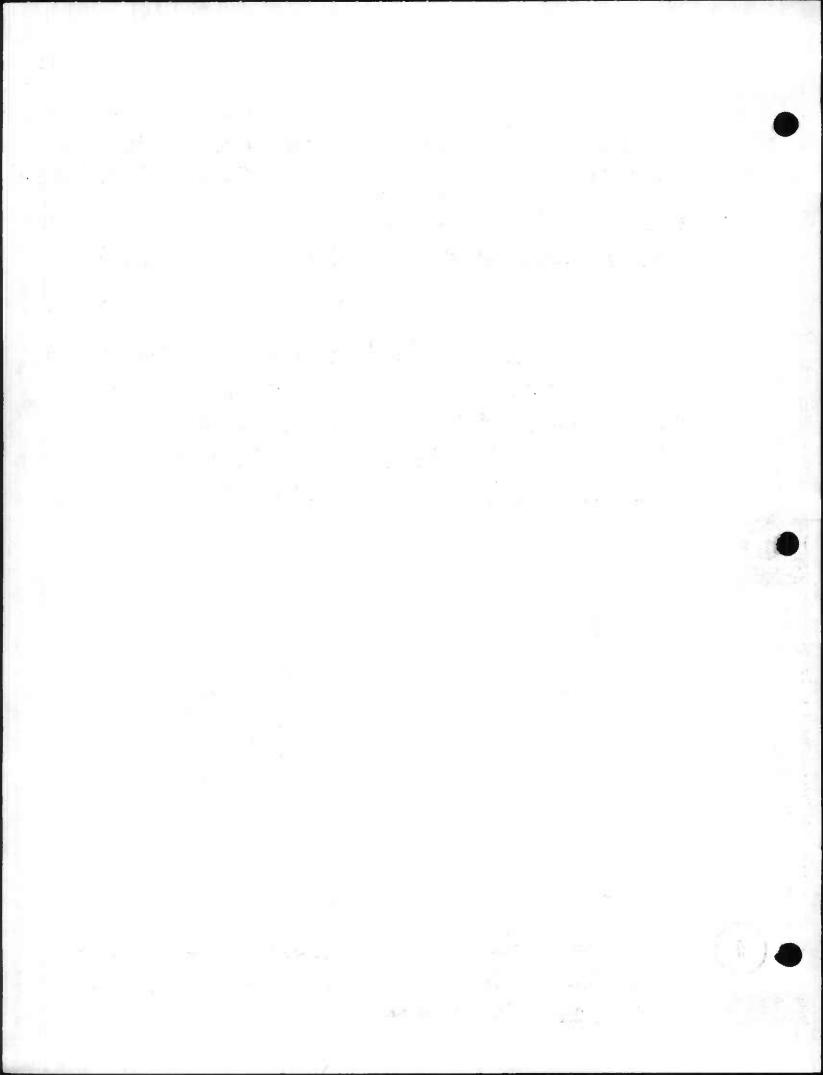
2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, data end place, and due to the cause(s) end mannar stated. 29e. Cartifier tely 29b. Signeture end titla of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) MD 10239 DEZEMBER 25, 1996

State Registrar 31. Dete filed (Month, Day, Year)
DEC 3 0 1996

RICHARD

CHUANG, MD; 22 S. GREENE STREET; BALTOMORE, MD 21201
33. Registrer's Signature
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30. Neme end eddresa of person who completed causa ot daath (Itam 23a) (Type, Print)

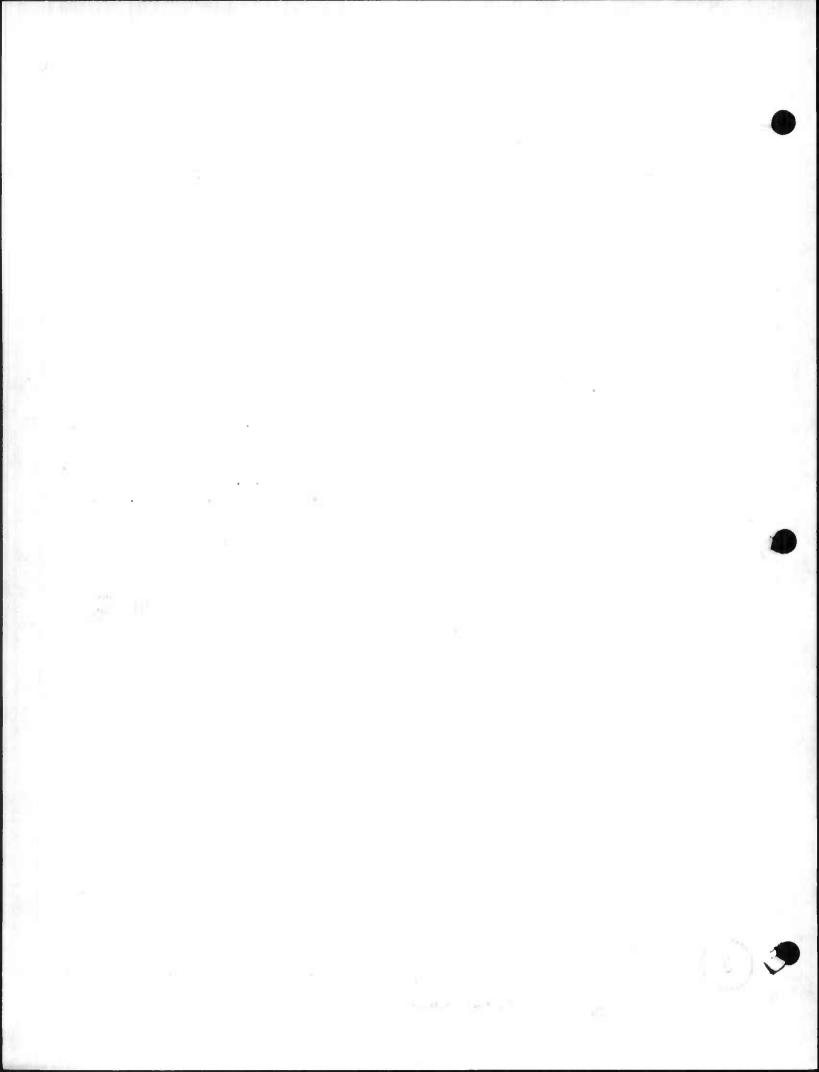


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death Month **Physician** Morrison Donald 20 2.10 PM 12 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD 5. Social Security Number If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 8. Date of Birth (Month, Day, Year) 12 M 20 F Months Days Hours Min. Yrs. Director 214-56-7069 17 52 DC Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Hems 23a or 28a-f shainer must be notified 1 ☐ Yes XX No Director MARYLAND HOWARD COLUMBIA 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after death with 6010 STEVENS FOREST ROAD Funeral 21045 US 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Stetus Rece - American Indian, Black, White, etc. 1 ☐ Yes \$ No If Yes, Give Yeer or Dates: 1 ☐ Nevar Married 2 ☐ Married 21215-0020 6 by 1 ☐ Yes 2 ₩ 3 ☐ Widowed 4 XXX orced Specify: BLACK "natural" Completed 15. Decedent's Education Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 LABOR CONSTRUCTION traumatic event, Baltimore, Maryland nent of Health and Mental H, nt: If fram 27 is marked y or other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 end 2 should be DANIEL M. MORRISON CHARLOTTE BRYANT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) REGINALD MORRISON (BROTHER) 16 COBBLE HILL RD. LITTLE ROCK, ARK. 72211 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State permit. Page Department of Important: If any Injury or page. REST HAVEN CEMETERY 12/26 | FREDERICK, MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility E.L. PHILLIPS F/H PA Dector CFSP#20) 1721-27 N. MONROE ST. BALTIO., MD. 21217 23a. Part1. Enter tha disaase, or complications that caused tha daath. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only one causa on aach line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Causa (Final diseese or condition resulting in death) Examiner choleusstit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest pue the burial-tran Box 68760. Physician/Medical ulcers Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yee 2 Ø No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Ware autopsy findings evailable prior to completion of cause of daeth? 24a. Was en eutopsy After this certificate 1 ☐ Yes 2 Ø No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical Be 26. Placa of Death (Check only one) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Tima of 28c. Injury at Work? Certification: 5 Pending Invastigation 1 Natural death. 1 Yes 2 No 2 Accident after death Director: 3 ☐ Suicide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral C Hospital edical 29a Certifier 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the ceusa(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) cfreenta, MD D34974 12.20.96 30. Name and address of person who complated causa of daath (Item 23a) (Type, Print) chary Mehta, 5865 Robert Oliver Place, #121, Columbia, MD21045

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year)
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11. 10 n all si a egge ce n

				State of	f Marylar		artment of F rtificate of		nd Mental H	ygiene (	96	39412
			1. Decedent's Name (First, Middl	e, Last)					2. Date of I	Death		3. Time of Death
100	Physic /Medi		Elizabeth	Weber	Morin				Month Decemb	per 26,	Year 1996	10:40 PM
	Exami		4e. Fecility Name (If not institution	, give street end nun	nber)			4b. City, Town	n, or Location of De		y of Death	
			Genesis Nursin	g Home				Randa1	1stown	Ra1	timor	0
	Funeral	Г	5. Social Security Number	6. Sex	7. Age (In yrs.	last birthday)	if Under 1 Year	If Under 24	Hrs. 8. Date of E	Birth		place (State or Foreign ntry)
S 5	Director		215-03-7554 A	1□M 2⊠F	80	Yrs.	Months Deys	Hours		Day, Year) 0, 1916		yland
p	100		Usual Residence of Decedent						110 7 2	0, 1710	Time	Tana
nylei	a how	_	10a. Stete 10b. County		10c. Ci	ity, Town or Lo	ocation					10d. inside City Limits
M e	Pa-f	cto	Maryland N/A			Baltin	nore					1 Yes 2 □ No
ith th	9 2	Director	10e. Street and Number				10f. Zip Code			10g. Cifizen of	What Cou	ntry?
Ind 21215-0020 be filed within 72 hours after death with the Maryland	23a	rai	19 N. Broad	way			2123	1		USA		
or de	E 5	Funeral	11. Marital Status	12. Was Dece Armed For			Was Decedent of H	lispanic Originan, Mexican, F	? (Specify Yes or I		ce - Ameri	can Indian,
20 afte	9 6		1 Never Married 2 Marr		2 🔀 No		1□ Yes 2⊠ No		2010 110211, 010.)	Speci	6	
00	E 4	d by	3 Widowed 4 Divorced	Year or Da						эресі	Wh.	ite
21215-0020 d within 72 hours aft	nation	Completed	15. Decedent (Specify only highes	s Educetion t grade completed)		(Give	dent's Usuai Occup kind of work done	durina most o	f working	16b. Kind of E	Buainess/In	dustry
12 ja	than	du	Elementary/Secondery (0-12)	College (1-	-4or 5+)		DO NOT use retire	·	4 - 4-		1 055	
D 5	Hygie ther ant,	ပိ	12 years 17. Father's Name (First, Middle,	(aet)		Secte	etary-Rec	•	IST Neme (First, Midd	Denta		ice
and a		Be									me)	
Maryle 2 should	d Mental Hygiena. marked other than "natural", or itema 23a or 28a-f show imatic event, it a Medical Examinar must be notified at	10	Charles Web			404 14-70	A 11 (0)		rgaret M			
Maryland d 2 should be file	8 6 8		19a. Informant's Name/Reletions						or Rural Route Num		, State, Zip	Code)
9 6	Health em 27		Herbert Morin 20a. Method of Disposition	Husb			Broadwa	у Ва	ltimore,	T	231	
Peges	or or		1 ☐ Burial 2 【Cremation		itate	cemetery, crer	natory or other ple		Date	20c. Location		
Baltimore,	rtant		4 Donetion 5 Other (S)		Car				ce 12/28/9	6 Hamps	tead,	Maryalnd
Baltimor	Department of Health Important: If Item 27 any injury or other tr once.		21. Signature of Funeral Service I	Icensee			Name and Addre		eral Dire	ctors.	Inc.	
	u		John V	A CT		87	728 Liber	ty Rd.	Randall	stown. N		1133
			23a. Part I Epier the disease, or shook of heart fallure. List	complications that on only one cause on ea	used the deat ich line.	h. Do not ent	er the mode of dyir	ng, such es ce	rdlac or respiretory	arrest,		Approximate Interval Between
	ysician Medical		have data Course (5)		,	, . 4	/					Onset and Deeth
	medicai taminer		tmmediate Cause (Finel disease or condition resulting in death)	a. Cero	obra 1	17h	rombos	is			13	sudden
		6	,		Due to (d	or es a conseq	uence of):					oyears
8	nsit	Examiner		■ b. A+	ial j	Fibr	111ch'n	7			/	oyears
2 DOBCE	and el-tra	xar	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury		Due to (c	or es e conseq	uence of):					
.O. Box 68760, the death certificate be executed	attending physician and for use as the bunel-transit	dical	Cause (Disease or injury that initiated events	c								
58	s the	bg	resulting in death) Last		Due to (o	r as a consequ	uence of):				1	
Box ath certi	oding se 8	3		d								
å t	for	Physician/Me	5 6								1	
o g	ed by the g	Jys.	Pert tt. Other significant condition			-	nderlying ceuse giv	en in Part i.				the cause of death?
S, P	dete	by PI	Alzherme	is Dis	CASE				_ 10	Yes 2LD-110	3 Pro	bebly 4 Unknown
Sp.	o d po	D D							24a. Wa	s an autopsy	24b. W	ere autopsy findings
Hecord to law require	8 0	ete								formed?	av co	aileble prior to mpletion of ceuse
F 2	ge 2	Completed								/		death?
Vital clan: 1	fipate or, pa		25. Was case referred to madicel							Yes 2□No	11.	Yes 2010
- 65	Snect Snect	o Be	examiner?	Hospitai:	patient 2	ED/O-4	Oth		Death (Check only			
o f	in in		27. Manner of Death	28e. Date of (Month)		ER/Outpatien 28b. Time of	t 3 DOA 28c. Injun		ng Home 5 Res	how injury occur		у)
d di	£\$.	i i	1 ✓ Natural 5 ☐ Pending 2 ☐ Accident Investig		, Day Year)	fnjury		k? Yes 2 □ No		,,,,,		
April S	octor > #	Certification:	3 ☐ Suicide 6 ☐ Could n	nt he	of Injury - At ho	ome, farm, stre	et, factory, office		28f. Location	(Street and Numi	ber or Rura	I Route Number.
5,5	2 5	ert	4 Homicide	building	g, etc. (Specify	y)	et, factory, office		City or To	own, State)		
1/8	S S	alc	29a. Certifier 1 Cartifying	Physician: To the b	est of my know	wiedge, death	occurred at the tin	ne, date and p	lace, and due to the	e ceuse(s) and m	anner es si	tated
a F	Total Color	edical	(Check only 2 Medical E	xaminer: On the bas end manne	is of examinel or steted.	tion and/or Inv	estigetion, in my o	pinion, death o	occurred at the time	, dete and place,	and due to	the ceuse(s)
0	Total	ž	29b. Signeture and title of certifier		20		29c. License	e number		29d. Date signe	d (Month,	Day, Year)
			Daise	fal	1/2		DIC	87	2	Doro	6. 7	7 1991
,	. (		30. Name and addreas of person w	ho completed cause	of death (Item	23a) (Type F	Print)			KCCM D	erd	4/110
	4		HAROLD B.	BOB 72	7201	lav k	Hergh	K A	× 212	OF		Day, Year)
	Sta	te	31. Date filed (Month, Day, Year)	32, Be	pistrer's Signa	ture		-/-	4.51			
	Registra	ar	DEC 3 0 1996	1.200	idson-you	nouse						

OH. HELD

State of Maryland / Department of Health and Mental Hygiene

100		Decedent's Name (First, Middentification)		i Marylanu / I	Certificate				Reg. No.	96	3941
Physic /Medi		Barbara Helen MacMillan						Month	Dey	Year	3. Time of Death
								Decembe:			4:30P
Exami	ner	4e. Facility Neme (If not institution, give street end number)  4b. City, Town, or Local  4c. Facility Neme (If not institution, give street end number)  4c. Facility Neme (If not institution, give street end number)  4b. City, Town, or Local  4c. Facility Neme (If not institution, give street end number)							7		
Funeral Director		5. Sociel Security Number				Baltimor 1 Yaar   If Undar 24 Hrs.			N/A		place (State or Foreig
		001-24-7241 Usuel Residance of Decedent	1 M 2 F	63 Yrs. Months Deys		Hours Min. 8. Dete of Birth (Month, Dey 10 29		9. Birthplece (State or Fore Country) 33 Massachusett			
	by Funeral Director	10a. Stete 10b. Count	1	10c. City, Town or Location						1	10d. Inside City Limits
		MD	Baltimore						1 2 Yas 2 □ N		
		10e. Street end Number		10f. Zip Code					10g. Citizen of Whet Cou		ntry?
P N		637 S. Montfor	d Ave.	ve. 212		1224	24		USA		
rs attached F, or items xaminer m		11. Maritel Status  1 Never Married 2 Ma 3 Widowed 4 Divorca	Armed For	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:  ducation  16e Decedent		13. Was Decedent of Hispanic Origin? (Specify Yas or Nif Yas, specify Cuben, Maxican, Puarto Rican, etc.)  1  Yes 2 No Specify:		cify Yas or No- Rican, etc.)	Specify:		etc.
S hou	Pa	15. Decede	nt's Education					1		White Kind of Business/Industry	
settnit. Pages 1 and 2 should be filed within 72 bepartment of Health and Mental Hygiene. Important if Health and marked other then "na myorfant. If I lear 27 is marked other then "na Iny injury or other traumatic event, the Medic sides.	plet	(Specify only highest grede completed)			(Give kind of work done during most of working life. DO NOT use retired)			ng	voo. vand of Dadinosamidadily		
	Completed	Elementery/Secondery (0-12) College (1-4or 5+)  Punch Press Operator				perator	Envelope Factory				
	Bec							(First, Middla, Maiden Surneme)			
	ToB						Jeanett	te Daigle			
							end Number or Rura	ral Route Number, City or Town, Stete, Zip Code)			
		Marion Miller	/Sister	Į.	8 S. Ches				Md. 212		
		20a. Method of Disposition		20b. Pleca o	Disposition (Nema	a of			20c. Location -		own, Stete
		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (5		tete							
		21. Signature of Funeral Service Licensea  22. Name and Address of Facility  David J. Weber Funeral Home									
Par I de											
<b>S</b> 1-1-1-1		23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate interval Between the mode of dying.									
		23a. Part : Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory ariest.  Approximate the mode of dying, such as cardiac or respiratory ariest.  Immediate Cause (Fine) disease or condition resulting in deeth)  1 Year									
hysician /Medical											
Examiner	sai Examiner										
ificate be executed g physician and as the burial-transit			- 1	Due to (or as a	consequence of):	1	+ºL.11	400			
			. ch	ronic	Atria		1100111	4011		15	> 14
		Sequentielly list conditions,  If any, leading to Immediate								7111-	
		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):							Heene Lyes		
	edicai										
	900								CT LE		- 7004
Attending Physician: The law requires that the death cert if death. sctor: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	clai	Date On the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state									
	Physician/N	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.						23b. Did tobacco uss contribute to the cause of death?			
							1 Yes 2 No 3 Probably 4 Unknown				
	d by							24e. Wes an autopsy 24b. Wera autopsy findin			are sutoney findings
	Completed							perfor		ave	eileble prior to mpletion of cause
											death?
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the out	cat	Accident Investigation M 1 Yes 2 No						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
F OF	E										
24 hours	edicai	29e. Certifier  (Check only one)  Medical Examinar: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.									
within To the comple	Mec	29b. Signeture and title of pentitier 29c. License number						2	29d. Deta signed (Month, Day, Year)		
3 ⊨ 8		D24303							1227 8.		
~	-	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						8-			
10		30. Neme end eddress of person	who completed cause	of deeth (Item 23a) (	Type, Print)						
1											
Sta		DEC 3 0 1996	32. Ja	distrar's Signature	20						
Registr	ar	0 0 1000									

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State of Maryland / Department of Health and Mental Hygiene

39414 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Day MAHER DECEMBER 26,1996 /Medical 7:35 am 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1251 HALSTEAD ROAD BALTIMORE BALTIMORE if Under 24 Hrs. If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral**  Birthplaca (Stata or Foreign Country) Months Days Min. Hours 1 ☐ M 2 💢 F Yrs Director 215012259 11,1909 MARYLAND Usual Rasidance of Decedant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 7 is marked other than "natural", or flems 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits Director 1 ☐ Yas 2 No BALTIMORE BAL/TIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1251 HALSTEAD ROAD 21234 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No 11. Maritai Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Pages 1 and 2 should be filed within 72 hours efter or nent of Health and Mentel Hygiene. Int: If Itam 27 Is marked other than "natural", or ite Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 f Yas, Giva faar or Datas by 1 ☐ Yas 2 ☑ No Specify: Specify 3 ₩ Widowed 4 Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elamantery/Secondary (0-12) College (1-4or 5+) 12 0 ACCOUNTING DEPARTMENT STORE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be WILLIAM HARRIS MURRAY LOUISE MEYERS 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Streat end Number or Rural Routa Number, City or Town, State, Zip Code) PERRY HALL, HENRY LANGAN / FRIEND 9729 CROSS ROAD 21128 MD other 20e. Malhod of Disposition 20b. Placa of Disposition (Neme of camatary, cramatory or other place) Data 20c. Location - City or Town, Stata 6 ₩Burlai 2 Cramation 3 Ramoval from Stata permit. Page Depertment of Important: If any injury or 12/30 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility CVACH/ROSEDALE FUNERAL HOME 23a. Pert1. Enter the disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory and shock, or heart failure. List only one cause on each line. Approximata Interval Batwaan Onsel and Death **Physician** /Medical Immedieta Causa (Final Rena disaasa or condition rasulting in daath) Examiner en SLON Dev The law requires that the death certificate be executed buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseesa or injury thet initiated events resulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physicien for use es the bune Physician/Medical Dua to (or as a consequence of) signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings availabla prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed certificate hes 2 1 No 1 ☐ Yas 1 ☐ Yas 2 ☐ No or Attending Physician: 8 25. Was casa rafarrad to-medical 28. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 212 No 1 ☐ inpatient 2 ☐ ER/Outpalient 3 ☐ DOA this 27. Manner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding invastigation 1 Nejural deeth. 1 ☐ Yas 2 ☐ No 2 Accident Director: in by the 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 3 ☐ Suicida 28e. Piece of injury - At home, farm, street, factory, office building, atc. (Specify) efter 4 D Homicide 1 Certifying Physician: To the best of my knowledge, daath occurred et the tima, data and piece, and dua to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and dua to the cause(s) and menner stated. 29a. Certifia Medical To the 29b. Signature and tiple of certific 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name and addrass of person who complated cause of daeth (Itam 23a) (Type, Print) 7600 Osler Dr. Sufe 315 TOWSON MD 21204 SNIADACH JOKEPH 32. Registrar's Signatura 31. Dala filed (Month, Day, Year) State DEC 3 0 1996 Registrar



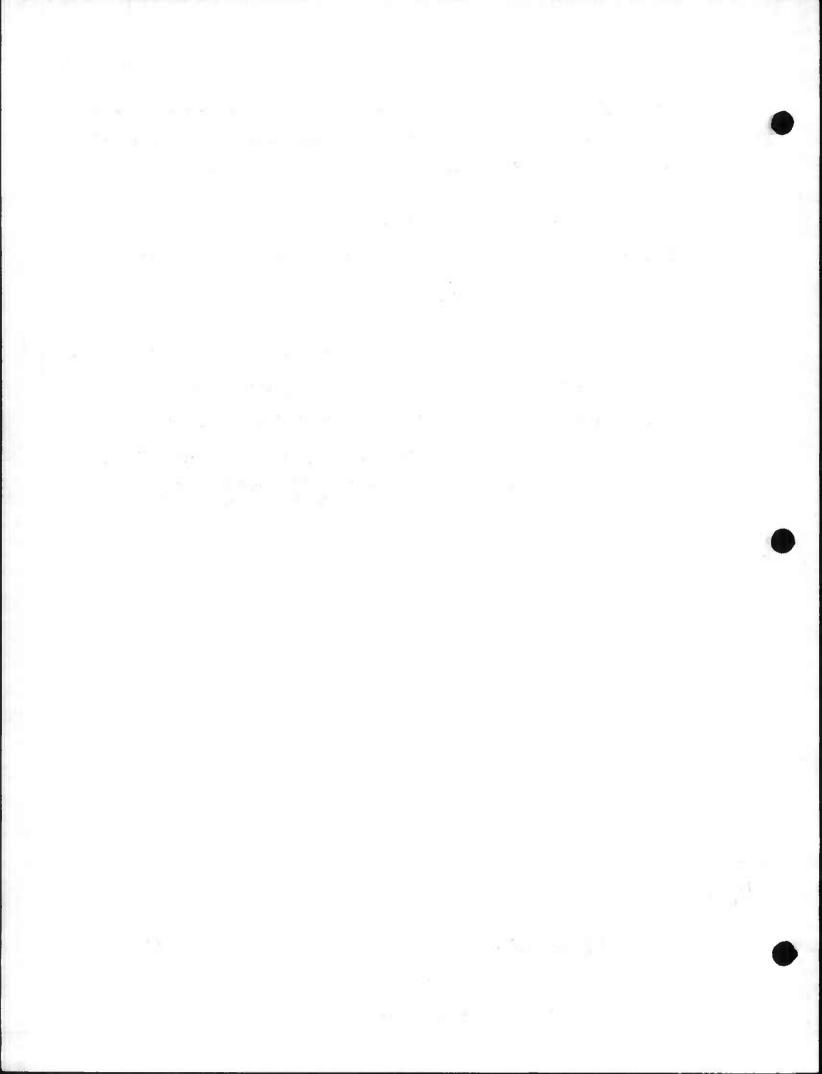
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First Middle I ast) 2. Date of Deeth **Physician** 6:20 PM December 231996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Baltimore les nwo are hday) If Under 1 Year nar Birthplace (State or Foreign Country) 5. Sociei Security Number If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey **Funeral** Deys 1□M 2√□F Months Hours Min. Country)
MARYLAND 216-14-1498 Yrs 86 6,1910 Director DEC Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 26a-f show Director 1 ☐ Yes 2 ☑ No CARROLL COUNTY ELDERSBURG 9 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? must be n 5728 OAKLAHOMA ROAD 21784 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or Nott Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Pages 1 and 2 should be filed within 72 hours attactioned of Health and Mental Hydions.

until filem 27 is marked other than "natural", or life until yor other traumatic event, the Medical Examinative by or other traumatic event, the Medical Examinative. Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 21215-0020 1 Yes & No Specify. ğ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade com 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER 10TH GRADE HOMEMAKING Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be JAMES MURPHY ANNA WELSH 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) SUE BAILEY (Niece) 5728 OAKLAHOMA ROAD - ELDERSBURG, MD 21784 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete Important of any inject 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State NEW CATHEDERAL CEMETERY 4 Donetion 5 Other (Specify) 12/27 ELKRIDGE 21. Signature of Wherei Servica Licensed 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 death. Do not enter the mode of dying, such as cardiac or respiratory errest, heert teilure. List only one ceuse on each Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final ancer disease or condition resulting in deeth) uncertain Examiner Due to (or as a consequenca ot) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest and bunial-tran Due to (or es e consequence of): P.O. Box 68760, ed by the attending physician detached for use as the buna Physician/Medical the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? ate has been signed by page 2 should be detac 1 Yss 2 No 3 Probably 4 Whiknown of Vital Records, by Completed 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 No certificate 1 TYAS 2 No ding Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this funerai 28a. Date of Injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred After Islon 1 Waturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, tectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Phyalclan: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and menner as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end placa, end due to the cause(s) end menner stated. Medical 29a. Certifier 29b. Signatur To Mil 29c. License number 29d. Dete signed (Month, Day, Year) 009 Phillip Stone, MD 30. Name and address of gi Baltimore who completed cause of deeth (Item 23a) (Type, Print) Medica harlestown 711 Maiden Chaice MD 21228 RN 31. Dete tiled (Month, Dey, Yeer)
DEC 3 0 1996 32. Registrare Signeture State Registra

DHMH 16 Rev 6/95

				State of Marylan	nd / Departm <i>Certific</i>			Mental Hy	giene 9	6 3	9416
	Physici /Medic		1. Decedent's Neme (First, Middle, Las LERDY	st)	Meca	04		2. Dete of De Month	Dey	Year 10	Time of Death 248pm
	Examir Funeral Director		5. Sociel Security Number 6. St 248 60 5433	reneral H	lospital lest birthdey) It Un Yrs. Mont	nder 1 Yeer	4b. City, Town, or All Mich If Under 24 Hrs Hours Min	Re Cofy 8. Dete of Bir	BALTO	. CITY	(State or Foreign
	anyland show	1	Usuel Residence of Decedent  10e. Stete 10b. County		ty, Town or Location				17		nside City Limits
	or 28a-f	Director	MD. BALTO.  10e. Street and Number	CITY B	ALTIMORE 10f.	. Zip Code			10g. Citizen of W		#Yes 2 No
	ter death with the Marylan flems 23s or 28s-f show fret must be notified at	Funeral [	1907 PARK AVE.	12. Wes Decedent Ever in U	,S. 13. Wes D	212	17 lispanic Origin? (S an, Mexican, Puer	Specify Yes or No	USA 14. Race	- American in	idian,
020	ours after alf, or for Examine	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces? # Yes 2 No 1/5 If Yes, Give Yeer or Detes: 1/5	2 1 ☐ Ye	specify Cub is 2/10 No	an, mexican, Puer Specify:	to Hican, etc.)	Specify:	BLAC	K
21215-0020	within 72 hours after death with the Manyland ene. than "natural", or frems 23s or 28s-f show his Medical Examinar must be notified at	Completed	15. Decedent's Ed (Specify only highest gra- Elementery/Secondary (0-12)	lucation de completed) College (1-4or 5+)	life. DO NO	)T use retire		orking	16b. Kind of Bu	77	
1d 21	Hygi Hygi ent, r	Be Con	8 17. Fether's Neme (First, Middle, Last)	0	CONSTRUC	TION I		me (First, Middle	RELIABL , Meiden Sumama		T. CO.
Maryland	Mer Mer arke	To B	HENRY TINDAL  19e. Informant's Name/Reletionship (7)		10h Mallina Add	lance (Church	ALL		NDALE er, City or Town,	O-1- T- O-1	
	od 2 27 Is		CHRISTINE FRIERSON				E. BALTO		1217	State, Zip Coo	9)
nore	Pages 1 an nent of Heal nt: If Item 2 Iry or other		20a. Method of Disposition  1	Removel from Stete	Pleca of Disposition ( cametery, cremetory	or other ple		Date	OLUTING MI		
Baltimore,	Departit. P Departima Important any Injury 2058.		21. Signature of Fundral Service Licen	~	RRISON FO		12/30/96 OTHERS FU		OWING MI	LLS, M	υ.
	00240	Н	23a. Pert Enter the disease, or comp	plications that caused the deet	130	O EUT	AW PL. BA	ALTO. MD	. 21217		proximate
и	Physician /Medical Examiner	er	shock or heart failure. List only of immediate Cause (Finel disease or condition resulting in deeth)	e. A SHhma	orjes e consequenca	oft:	Imonak			Inte	rval Between set and Deeth
68760,	death certificate be executed e attending physician and od for use as the burlal-transit	ledical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	. Emphysei	or es a consequence	of):	ATTIOTEUC	9 1013	sase.		
Вох	death certific attending pl	cian		d							
<b>a</b>	that the led by th detache	y Physician/Me	Pert II. Other significant conditions co	intributing to death but not resi	ulting in the underlyir	ng cause gh	en in Pert I.		tobacco uss con Yes 2□ No		
Records,	aw requir s been s 2 should	Completed by						24a. Wes	an autopsy ormed?	avallabl	utopsy findings le prior to tion of cause n?
=	E # 9	Be Co	25. Was case referred to medical				28. Place of De	eth (Check only	Yes 2 No	1 🗆 Yes	s 2□ No
o	iling Phys h. After this funeral di	2	exeminer?    Yes 2 No  27. Magner of Deeth   Natural 5 Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   P	28a. Dete of Injury (Month, Day Year)	ER/Outpatient 3 28b. Time of Injury M	28c. Injur	ner: 4 Nursing h	Home 5 ☐ Resi	dence 8 Othe		
1	1868	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specify	ome, ferm, street, fed	ctory, office		28f. Location ( City or To	Street end Numbe wn, State)	er or Rural Rou	rte Number,
	n 24 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	edicai (	29a. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medicaf Exam	/sician: To the best of my know iner: On the bests of examinet end menner steted.	wiedge, deeth occur tion end/or investige	red at the tir tion, in my o	me, dete end place opinion, deeth occu	e, and due to the urred et the time,	causa(s) and mar dete end place, a	nner as stated	cause(s)
	within 2	Me	29b. Signeture and title of certifier			29c. Licens	se number		29d. Dete signed	(Month, Dey,	Year)
	6	- 34	39. Name and eddress of person who c	completed cause of deeth (Item	n 23a) (Type, Print)	1)30	0641		10/23/4	16	
	J	e e	Kamesh Sabapa	thi, m.D.	40 Ma	Rykar	d Gren	Kral 1	HOSPITE	al.	
	Sta Registr		31. Dete filed (Month, Dev. Year) 1996	32. Registrer's Signe	nure Randelle						



State of Maryland / Department of Health and Mental Hygiene

301.17

						Certificate of	f Death		Reg. No.	0	33411	
ı	Physic	ian	Decedent's Name (First, Middle					2. Date of De	ath Day	Year	3. Time of Death	
ı,	/Medi	cal	Alfred Nova		-1		# 05 T	Decemb	er 28,1	-	noon	
4	Exami	ner	4a. Fecility Name (If not institution 325 St. Georges	-	nr)		4b. City, Town, or L	ocation of Deatr		y of Deeth <b>imore</b>		
	Funerai Director		5. Social Security Number 214–22–4475 Usual Residence of Decedent		Age (In yrs. last birt	hday) If Under 1 Yea Months Dey		8. Date of Birt (Month, Da May 5, 1	h y, Year)		place (State or Foreign stry)	
	yland		10a. State 10b. County		10c. City, Town	or Location				1	0d. Inside City Limits	
	Ba-f si	ctor	Maryland Baltin	ore	Essex					1 ☐ Yes 2 🗶N		
	eth with the 234 or 2	rai Director	325 St. Georges	Road		10f. Zip Code <b>21</b>	221		0g. Citizen of What Country? U.S.A.			
21215-0020	72 hours after deeth with the Maryland nature!', or Rems 23a or 28a-f show dical Examinat must be notined at	by Funeral	11. Marital Status  1 Never Married 2 Marri  3 Widowed 4 Married		5?	If Yes, specify Cu	Hispenic Origin? (Sp ban, Mexican, Puerto o Specify:	ecify Yes or No- Rican, etc.)	r No- 14. Race - American Indian, Black, White, etc.  Specify: White			
5-0	d within 72 hours plene. r than "natural", the Medical Exa	Completed	15. Decedent (Specify only highes	s Education ! grade completed)	16a.	Decedent's Usual Occ (Give kind of work don life. DO NOT use retii	upation e during most of work	sing	16b. Kind of B	usiness/inc	dustry	
12		Jumo	Elementary/Secondary (0-12)	Coilege (1-4o	r 5+)	life. DO NOT use retii	•		Areo S	naco		
land 2	tiel H d oth	To Be Co	17. Father's Name (First, Middle, L			PROCEE	18. Mother's Nam	e (First, Middle,	Maiden Sumar			
Maryland	2 sh and is m	-	19a. Informent's Name/Relationsh Mary Warfield	lp (Type, Print) (FRIEND)	19b. <b>32</b> 5	Meiling Address (Stree	et end Number or Rur ges Road E	ssex, M	d. 2122	, State, Zip	Code)	
altimore,	permit. Pages 1 and Department of Health Important: if Item 27 any injury or other to once.		20a. Method of Disposition  1  Burlel 2 Cremation 4 Donetion 5 Other (Sp		e cemeter)	Disposition (Name of c, crematory or other positions of Faith C		31/1996	20c. Location			
Balt	permit. Departr Importu any inj		21. Signature Funeral Service	Serious -	1		ress of Facility nski. Funeral l Eastern				4224	
	Physician /Medical Examiner	ər	Immediate Cause (Final disease or condition resulting in death)	A .		tal Cance				lases	Approximate Interval Between Onset and Deeth	
68760,	certificate be executed ding physician and use es the buriel-transit	ai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	Due to (or as e c							
×	0 0 0	n/Medicai	resulting in death) Last	d	Due to (or es e co	0):						
. Bo	atte for	Physician/	Part il. Other significant condition	s contributing to death	but not resulting in	the underlying cause o	iven In Part I.	23b. Did t	obacco use co	ntribute to	the cause of death	
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of Vital Records,	e law requires has been sign ge 2 should be	Completed b						24a. Was perfo	24a. Was an autopsy performed?		ere autopsy findings allable prior to mpletion of cause death?	
E E	The ate h							1 D Y	es 2 XNo	10	Yes 2□ No	
<b>\frac{1}{2}</b>	Physician: The this certificate ral director, pag	o Be	25. Was cese referred to medical examiner?	Hospitel:		_ 0	26. Place of Deat					
SION OF	nding Phys	-	1 Yes 2 No  27. Manner of Death 1 Manual 5 Pending 2 Accident investigi	28a. Date of In (Month, D		me of jury 28c. Inj	Other: 4 Nursing Home 5 Residence 6 Other (Specify)  18c. Injury at Work?  1 Yes 2 No				<i>'</i> )	
DIVIS	A)	Certification:	3 ☐ Suicide 6 ☐ Could no determine	28e. Plece of Ir building, e	njury - At home, far etc. (Specify)			on (Street and Number or Rural Route Number, r Town, State)				
-	Hospi 24 hr Furna eterly fil	edicai	29a. Certifier (Check only one) 1 Certifying 2 Medicat E	ime, date end placa, opinion, death occur	and due to the dred at the time, d	e to the cause(s) and manner as stated. e time, date and place, and due to the cause(s						
	To the Ha within 24 To the Fur completery	M	29b. Signature and title of certifier	and manner s			se number	29d. Dete signed		d (Month, l	Day, Year)	
	V		P. Jeff	y Ferri	e MD	T	33135		12/	30/	96	
	1011		30. Name and address of person w	ho completed ceuse of	death (Item 23a) (T	Type, Print)	59. DI	. Ba			10 21237	
	Sta Registi	200	31. Date DEC 3 0 1996	32 Regis	rar's Signature							

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Yeer BERNICE NELSON DECEMBER 26,1996 /Medical 0509 AM 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner N. A 2252 CECIL BALTIMORE if Under 24 Hrs. 8. AVE 5. Sociei Seçurity Number If Under 1 Year 9. Birthplace (State or Foreign Country) Md > 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Days Hours Min. 1□ M 2 F 219 5910 89 66 Yrs. Director Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show Balto N. A Director Md. 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2252 HVE RCIL 21218 4.5.A Funeral Items ? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritai Stetus 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Dates: 7 is marked other than "natural", or iten traumetic event, the Medical Examiner filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: Specify: Black Completed by 3 Widowed 4 □ Divorced 15. Decedent's Education 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 and 2 should be filed within nent of Heelth end Mental Hygiene. Int: If item 27 Is marked other than Irry or other traumatic event, the Me Elementery/Secondery (0-12) College (1-4or 5+) Self Homemaker 8 12 Bock Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be warles Denjamin MARGARET UNKNOWK 19e. informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) DRUGHTER SANdrA WARD 2252 Ceril Balto · Md . 21218 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1₺ Buriai 2 ☐ Cremetion 3 ☐ Removel from State Con 12/31/ permit. Page Department of Important: If any injury or once. · County: Md. CALVARY 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Name end Address of Facility uneral Hame OCNO Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medicai Arteriosclerotic Cardiovascular Disease Examiner Due to (or as a consequence of): Examiner lew requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): P.O. Box 68760, ettending physician for use as the buria Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ALZHEIMERS DISEASE Records, Be Completed by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? the Perno hes 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one) Medical Certification: To Other: 4 Nursing Home 5X Residence 6 Other (Specify) 1X Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? 5 Pending investigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident Atthe 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide b within 24 hours

To the Funeral completely filled the Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) end manner as stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) and menner stated. 29e. Certifier 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) OCME DECEMBER 26,1996 30. Neme end address of person who completed cause of death (item 23e) (Type, Print) Margarita Korell M. Politer's Significant DFC 3 0 1996 111 Penn Street, Baltimore, Maryland 21201

**DHMH 16 Rev 6/95** 

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** MARY VERONICA PAULI December 25,1996 7:30 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Horizon Specialty Center Baltimore N/A If Under 24 Hrs. Hours Min. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 8. Dale of Birth (Month, Dey, Year) 212 01 9593 1 ☐ M 25 F Months Days Yrs. 86 Director 02 03 10 Maryland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "naturel", or itema 23a or 28a-f shorthe Medical Examiner must be notified at Md. Funeral Director N/A 1 Yes 2 No Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3214 Fait Avenue 21224 USA 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 12. Wes Decedent Ever in U,S. 14. Race - American Indien, Bleck, White, etc. Armed Forces?
1 ☐ Yes 2 No filed within 72 hours after 1 Never Married 2 Married 21215-0020 Specify: White 1 ☐ Yes 2X No Specify: Completed by 3 □Widowed 4 □ Divorced Year or Detes: 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) At Home 6 Housework other treumatic event, Maryland 17. Falher's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Peges 1 and 2 should be innent of Health end Mental ant: If them 27 is marked o James L. Flaherty Elizabeth J. Ensor 2 19e. Informani's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Carol Beard, Niece 820 S. Conkling St. Balto., Md. 21224 altimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Locetion - City or Town, State 1⊠ Burial 2 ☐ Cremetion 3 ☐ Removel from State permit. Pege Department of Important: If any injury or Sacred Heart of Jesus 12-28-96 4 ☐ Donetion 5 ☐ Other (Specify) Dundalk, Md. 22. Name and Address of Facility
Charles S. Zeiler & Son Inc. 21. Signeture of Funerel Service Licenses 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onsel and Death Physician arteris clustic Heart Disease /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner ein Schron The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that inhieted events resulting in death) Lest burial-tran Due to (or es e consequence of) pue P.O. Box 68760, been signed by the attending physician should be detached for usa as the buna Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? mellitus 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? certificata hes 1 Yes 2 No 1 Yes 2 No Attanding Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospilal: 1 ☐ Inpatient 2 ☐ ER/OutpetienI 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 After this by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury el Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Netural death. 1 Yes 2 No after death 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide erel [ 10 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29e. Certifier 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and menner stated. 29b. Signature and title of certifler 29c. License number 29d. Date signed (Month, Day, Year) B. Cun ? 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) 441 S. ELL WOOD AVE, BALTO, MD 2224 TORRES, MO 32. Flegistrer's Signeture State Registrar

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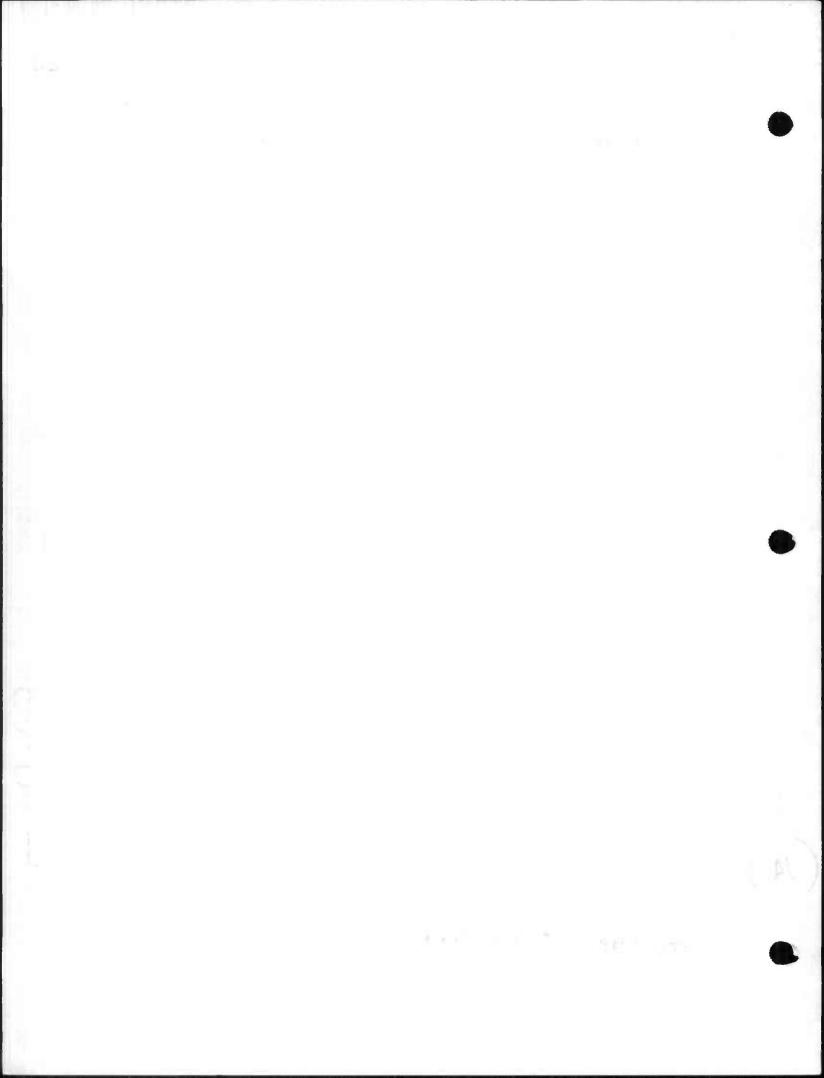
FOR STATE REGISTRAR

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	4. SOCIAL SECURITY NUM			6. AGE (In yrs.		IF UNDER	YEAR DAYS	IF UNDER	24 HRS. MIN,	7. DATE (Mont)	OF BIRTH h, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
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E O	9a. FACILITY NAME (If not in MERIDIAN-H.							OR LOCATI	ON OF D	EATH		9c. COUN	A	ATH
닯	RESIDENCE OF DEC	10b. COUNT	Y		10c. C/1	Y, TOWN O	R LOCA	TION						10d, INSIDE CITY
DIRECTOR	MD		ARUNDEL					BURNI	E					LIMITS?
₹	10e. STREET AND NUMBER			001			10	H. ZIP COD				1000	IAT COUNTRY?	
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	15, DEC (Specify on	EDENT'S EDU	ICATION completed)	16a.	DECEDENT'S	USUAL OC	CUPATI	ION ost of world	na	16b. KIND OF BUSINESS/INDUSTRY				
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E COMPL	17. FATHER'S NAME (First, A EARL PAYNE	fiddle, Last)								AME (First, BAYS	Middle, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME ( GENEVIEVE		ARLO(SIST	ER)							ber, City or You THICUM			0
	20a, METHOD OF DISPOSIT 1 Burlet 2 KCremati 4 Donalion 5 Othe	on 3 🗆 Ren	noval from State		ACE AND DATE					12/:		CLTSV		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE CO							KAL H	OME, IN		DE M	D 21229
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. C. C. C. C. C. C. C. C. C. C. C. C.											37-em		
ERTIF	that initiated events resulting in death) LAS	т	d	OR AS A CON	ISEQUENCE (	<i>/</i> ):								
MEDICAL	PERFORMED? AM CO												WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED	TO MEDICAL					26. [	PLACE OF I	DEATH (C	heck only o	ne)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpetlen	R 3 🗆 DOA	OTHER 4 1 Num	t:							
BY PHYSICIAN:	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Dey, Yeer)  28b. TIME OF 28c. INJURY AT WORK?  M 1 VES 2 NO  28d. DEŞCRIBE HOW INJURY OCCURED  M 1 VES 2 NO													
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												oute Number,	
COMPLET	2001		BICIAN: To the best of ER: On the basis of as											and manner as stated.
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2	30. NAME AND ADDRESS (				(ITEM 27) (Typ		7	, 91	eu	her	we'	a	02	106/
	DEC 3 0 199		Gula Davidse	R'S SHALL	EDC.									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene

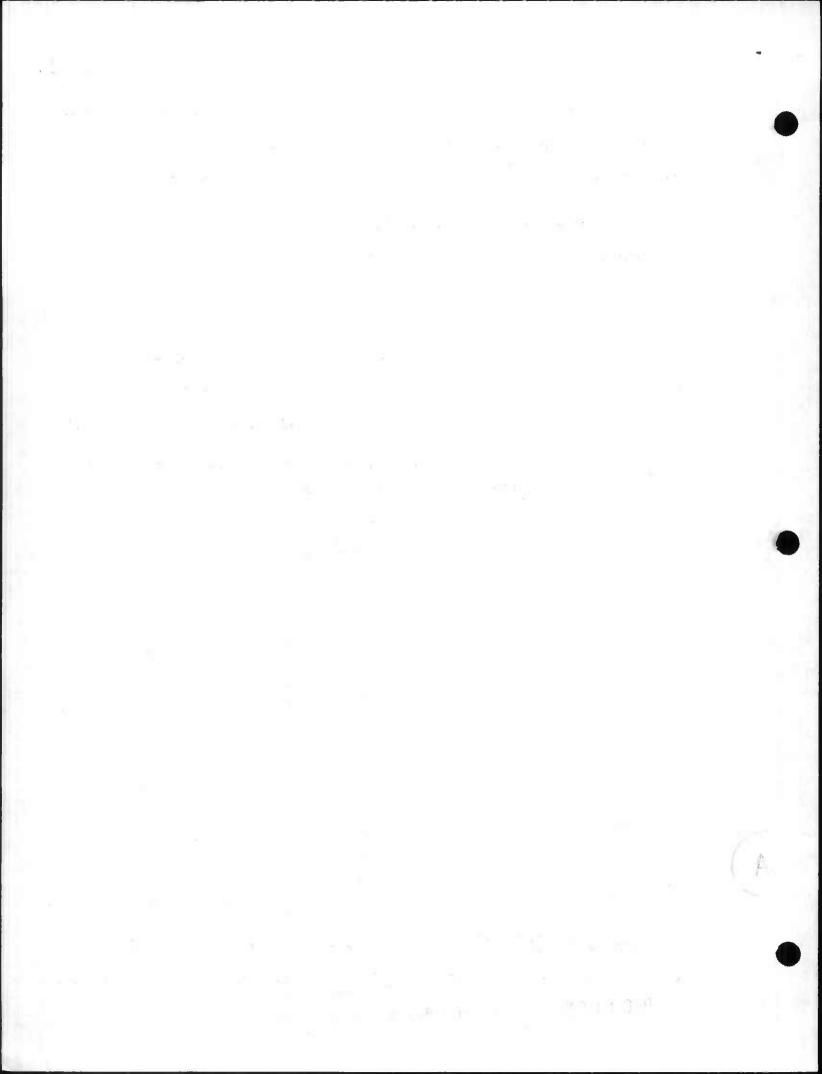
Certificate of Death

Reg. No.

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State of Maryland / Department of Health and Mental Hygiene 39422 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3 Time of Death 2. Date of Death Month **Physician** Porter Clara 2120 December 28 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore City Baltimore Sinai Hospital if Under 1 Year | if Under 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign Country)

5. Carolina 7. Age (In yrs. last birthdey) Funeral 8. Date of Birth 1 M 2 XF Months Deys Hours Min 218-26-7806 75 Yrs. Director 02/08/21 S. Usual Residence of Decedent the Maryland 10a State t0b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 Yes 2 No MD N/A Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? with Itams 23a or 2628 Rockwood Avenue 21215 U.S.A. Funeral 72 hours efter deeth 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married ŏ 21215-0020 1 ☐ Yes 2 No Specify: by Specify: Black 3 X Widowed 4 ☐ Divorced "natural" Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Gerber's Cook 9th Baltimore, Maryland t7. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 2 should be fi and Mental F Is marked out permit. Pages 1 and 2 should be Department of Health and Mental Important: If Itam 27 is marked of any jury or other traumatic evants. John Wesley Gamble Wilhemenia Simon 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy M. Gray 2805 E. Chase Street, Balto., MD 21213 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State Druid Ridge Cemetery 1/3/97 Baltimore, Maryland 4 ☐ Dogation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licans 22. Name and Address of Facil LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 nter the disease or complications that caused the death or heart failure. List only one cause on each are Do not enter the mode of dying, such as cardiac or respiratory arrest, Physiclan /Medical immediete Cause (Final Left Lower Lobe Pneumonia 2 weeks disease or condition resulting in death) Examiner Examine The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Lest and Due to (or es e consequenca of). Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) been signed by the a should be deteched t Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Multiple cerebrovascular accidents, Hypertension, þ 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was en autopsy performed? Degenerative joint disease, thy roiditis 2 10 No 1 Yes 2 No certificate lcian: Be 25. Wes case referred to medical exeminer? 28. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) ö 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending Investigation t ☐ Yes 2 ☐ No 2 ☐ Accident or Attac 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Dire 4 Homicide within 24 hours
To the Funeral I Hospital edical 29a. Certifier Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) and manner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. npletely (Check only one) ihe i 29b. Signature and fills of certifier 29c. License number 29d. Date signed (Month, Dey, Year) AS2402321 RS 9948 December 28, 1996 30. Name and ordress of person who completed cause of death (Item 23e) (Type, Print) West Belvedere Avenue Baltimore, Maryland 2401 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

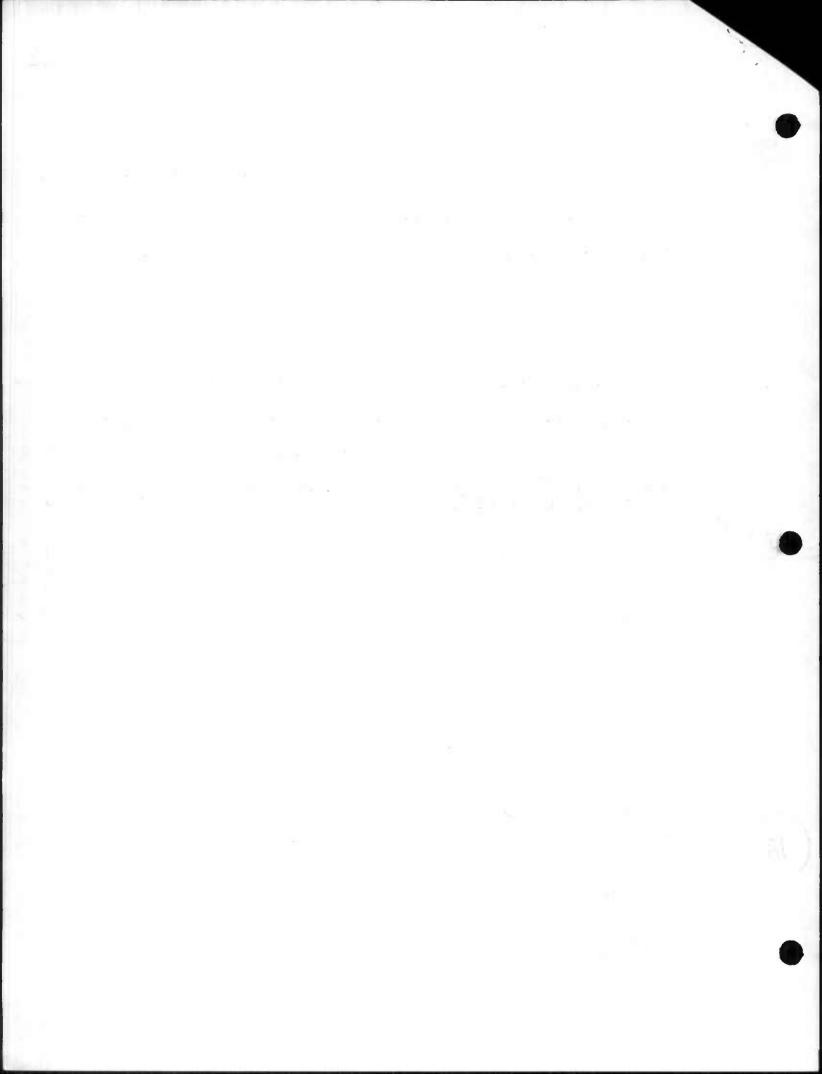
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**DHMH 16 Rev 6/95** 

State

Registrar

DEC 3 0 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 39423 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death **Physician** /Medical O 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Ba rederi 10 more If Under Months Sociel Security Number 7. Age (In ws. lest birthday) 8. Dete of Birth (Month, Day, **Funeral** 9. Birthplece (Stete or Foreign 18-0483 1 □ M 2 💢 F Deys Min. Hours Usuel Residence of Decedent Director lar Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heatth and Mental Hygiene.
ant: If flem 27 is marked other than "natural", or items 23s or 28s-f show ury or other traumatic event, its Mexical Examinating the notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits Completed by Funeral Director 1 Yas 2 No Maryland more 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 380 uedere 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Datas: 11. Maritei Status Was Decedant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 Navar Married 2 Married 21215-0020 1 ☐ Yes 2 No 3) Widowed 4 Divorcad Vegro 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) College (1-4or 5+) Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Be 2 Informant's Name/Reletionship (Type, Print) daughter. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, crametery or other place) 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) bUT 21, Signatu a of Funeral Service Licenses 22. Name end Address of Fecility uneral 1.107 North Ba 1216 W. Ave. to ass, or complications that causad the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, but only one cause on each line. Approximete Intarvel Between Onset end Deeth **Physician** /Medical Immediete Cause (Fine) diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner Hospital or Attending Physician: The law requires that the death certificate be axecuted After this certificate has been signed by the attending physician and funeral director, page 2 should be detached for use as the bunal-transit Sequentielly list conditions, if eny, leeding to Immedieta ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, 9 Dua to (or es e of nsequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 20 No à Completed 24e. Was en eutopsy performed? 24b. Were eutopsy findings available prior to completion of causa of deeth? 1 Yes 2 No 1 ☐ Yas 2 ☐ No Be 25. Wes cesa referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 2 1 ☐ Yes 2 No 2 ER/Outpatient 4 Nursing Home 5 ☐ Rasidanca 8 ☐ Other (Specify) 1 Inpatient 3D DOA filled in by the funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Dascribe how injury occurred 1 Neturel 2 Accident 5 Pending investigation To the Hospital or Attendi with 24 hours after death. To the Funeral Director: A death. 1 Yes 2 - No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, ferm, street, factory, office bullding, etc. (Specify) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated.

Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner as stated.

Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated. pletely 1 (Check only one) 29b. Signeture and title of partifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) Albrerac MAR

**DHMH 16 Rev 6/95** 

State

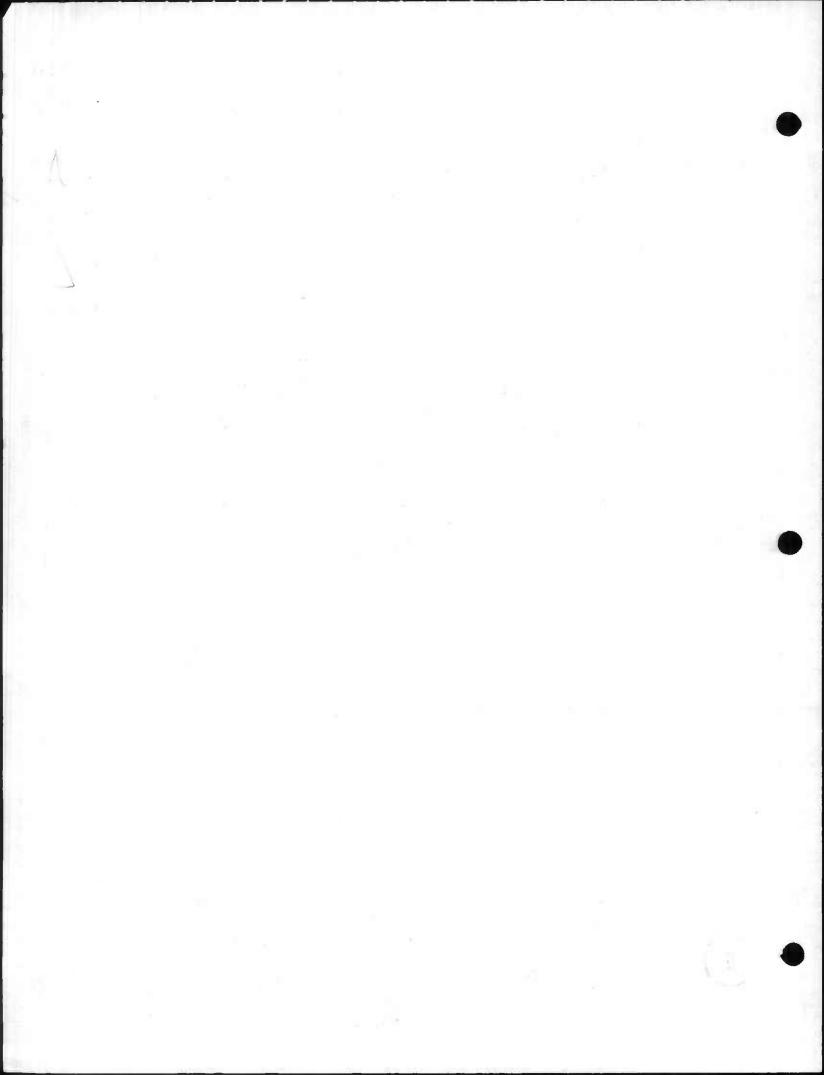
Registrar

ce 31. Dete filed (Month, Dey, Year)

3 0 1996

Registrer's Signeture

will Davidson-Randell



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Certificate of	of Death	R	leg. No.	96 39424		
///	ysicia Jedic	al	1. Decedent's Name (First, Middle, Last Into N	Rapp			Ab City Town	2. Date of Dea Month Decem	ner 22	Year 2 30 PM		
Exa	amino	er	4a. Facility Neme (If not institution, give					or Location of Death	4c. County			
Fun	eral		St. Elizabeth Nu 5. Social Security Number 6. S		a (In yrs. last birti	nday) If Undar 1 Y	aar If Under 24 H					
Direc			275-03-7790 Usual Residence of Decedent	ØM 2□F 8	39	rs. Months Da	ays Hours M	Nov 30,		9. Birthplace (State or Foreign Country) Pennsylvania		
yland	H		10a. Stata 10b. County		10c. City, Town	or Location				10d. Inside City Limits		
the Marylar 28a-f show	Pelli	ctor	Maryland Baltim	ore		N/A				1 ☐ Yes 2 ☒ No		
or 28	SELIC	Oire	10e. Street and Number			10f. Zip Coo	de	1	0g. Citizen of W	/het Country?		
ath w	Tage 1	rai	1931 Hillcrest				21207		U.S.	.A.		
21215-0020 3 within 72 hours after death with the Maryland jene than "natural", or items 23a or 28a-f show	Comminer	by Funeral Director	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedent I Armed Forces? 1 12 Yes 2 ☐ N If Yes, Give Year or Dates:	lo	13. Was Decedant If Yes, specify (		(Specify Yas or No- erto Rican, etc.)				
5-0 2 hor	col	De l	15. Decedent's Ed	ucation	16a.	Decedent's Usual Oc	cupation		16b. Kind of Bu	White siness/Industry		
215 thin 7	Med	Completed	(Specify only highest grades) Elemantary/Secondary (0-12)	de completed) College (1-4or 5	+)	Giva kind of work do life. DO NOT use re	ona during most of w tired)	vorking	Humble	and Oil		
T 77 75 15 15	77 70 10 10		8th grade			erk	Refining Company					
be fill Hall H	BV6	To Be	17. Father's Neme (First, Middle, Last)			•	18. Mother's N	lama (First, Middle, I	Maiden Sumami	a)		
Maryland d 2 should be file th and Mental Hy 7 Is marked other	s 1 and 2 should be filed Haalth and Mental Hyg fem 27 is marked othe other traumatic avent,		Howard	Ε.	Rapp			Hattie E.				
5 0 0 m	Tac.		19a. Informant's Name/Relationship (7	ype, Print)			Rural Route Numbar					
re, N 1 and Haalth tem 27	other	-	Mrs. Susan Draper 20a. Method of Disposition			/ LICCON I Disposition (Name o , crematory or other		Pasadena		L 1 2 2 City or Town, State		
Baltimore, Nemit. Pagas 1 and Department of Haalth Important: If Item 27	7 04		1 XBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify									
Baltin Permit. P Departm Importan	5 4	1	21. Signature of Funeral Service Licen		MoodT	awn Cemete		12/27	Woodlaw	m, MD		
m Far	any li		Stephen	m Jour	Kinn			eral Direc				
Physic	_		23e. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	lications that caused ne cause on each lin	the death. Do no	t enter the mode of	dying, such es card		est,	MD 21133 Approximate Interval Between Onset and Death		
/Medi Examir	ner	- E	Immediate Cause (Final disease or condition resulting in death)	a. 7	Due to (or as a co	onsequence of):	1 NE	non!	u	5 days		
petn. p	ansıt.	Examiner	Convertie the ties assessing as	b. tel	CURTO (or as a co	VIVI	11111	OW		Dyear		
O, exec			Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury	,	oo to (or as a co	msequence on.				1		
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O a de tha a	Deut	Physician	Part II. Other algnificant conditions co	ntributing to death bu	t not resulting In	the underlying cause	given in Part I.	23b. Did to	bacco use con	tributa to the causa of death?		
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E & of	BLO I	Lion	1 Natural 5 ☐ Pending	28a. Date of Injun (Month, Day	Year) 28b. Tii		njury at Work? I□ Yes 2□ No	28d. Dascribe ho	w injury occurre	)d		
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Hoppita 24 hoppita Funeral	ataly a	edicai	29a. Certifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exami	lace, and due to the cause(s) and manner as stated. occurred at the time, date and place, and due to the cause(s)								
To the Within 2 To the		-	29b. Signatura and title of certifiar	and manner stat		29c. Lic	ensa number	25	9d. Date signed	(Month, Day, Year)		
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11	)	;	30. Name and addless of person who o	repleted dayse of de	th (Item 23e) (T	ype, Print)	0		0 11	110		
		N.	Key ina A	- Mfu	-1	321	R CV70V	Ave	Bull	MD 21227		
Red	State		DFC 3 (Month Day, Year)	Line Davidson	Admidese							

State of Maryland / Department of Health and Mental Hygiene 39425 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Carrie REINMUTH December 26, 1996 11:40 p.m. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Baltimore Rossville 5 Social Security Number If Under 1 Year If Under 24 Hrs. Date of Birth (Month, Dey, Yeer) 1-18-18 7. Age (In yrs. lest birthdey) **Funeral**  Birthplace (State or Foreign Country) Days Hours 1 M 2 TF 217-54-9719 78 Yrs. Director MD Usual Residence of Decedent the Maryland 10a. State 10h Count 10c. City, Town or Location "natural", or items 23a or 28a-f show soldal Examiner must be notified at 10d. Inside City Limits MD Baltimore Rosedale Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1211 Spring Ave. 21237 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. filed within 72 hours aftar 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married 21215-0020 by 1 ☐ Yes 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed permit. Pages 1 and 2 should be filed within 72 hc Department of Health and Mental Hygiane. Important: If tem 27 le marked other than "natur any Injury or other treumatic event, m. secon 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be William H. Martin Anna A. Bohlen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ernest Reinmuth / husband 1211 Spring Ave. Rosedale, MD 20b. Placa of Disposition (Name of cametery, cremetory or other place Zion Lutheran 20a, Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12-30-96 Baltimore, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Rosedale, MD 21237 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Causa (Final Cerebrovascular Accident 7 days disease or condition rasulting in death) Examiner Dua to (or as a consequenca of) for use as the bunal-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted evants resulting In death) Last Due to (or as a consequence of): The law requires that the death certificata be execu Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 □ Unknown Hypertension þ 8 page 2 should Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peen Non-Insulin Dependent Diabetes Mellitus After this certificate has 1 Yes 2 2 No 1 ☐ Yes 2 ☐ No Division of Vital Asthma l or Attending Physician: after death. "Director: After this certific 25. Was case referred to medical exeminar? 26. Place of Death (Check only one) Hospital: Impatient Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 ☐ Yas 2 No 10 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) \*Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicide Certifying Physician: To the best of my knowledga, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the tima, date and place, and dua to the cause(s) and manner stated. 29a. Cartifler (Check only To the 29b. Signature and tale of certifier 29c. License number 29d. Date signed (Month, Day, Year) RD1913 December 26, 1996 30. Name and address of person who completed causa of deeth (Item 23a) (Type, Print) Efrain Carrasuillo 9000 Franklin Square Drive Baltimore, Maryland 21237

State Registrar 31. Date filed (Month, Dey, Year) DEC 3 0 1996

92. Registrar's Signature Fish Davidson-Randolls

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ALTERNATION OF THE PARTY OF THE PARTY.

Months

10f. Zip Code

Yrs.

State of Maryland / Department of Health and Mental Hygiene

39426 Certificate of Death

2. Data of Death

8. Data of Birth (Month, Day, Year) May 28, 1941

Physician
/Medical
Examiner

3. Tima of Death December 26, 1996 9:40 am

9. Birthplaca (State or Foraign Country) Maryland

10d. Insida City Limits

1 Yas 2 No

4b. City, Town, or Location of Death Rossville

4c. County of Death Baltimore

10g. Citizen of What Country?

**Funeral** 

Director Funeral Director

with the Maryland rai', or items 23s or 28s-f show Examiner must be notified at death al Hygiene.

pemit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iter eny injury or other treumatic evant, the Mexical Example ARGE. Baltimore, Maryland 21215-0020

**Physician** /Medicai Examiner

P.O. Box 68760. certificate be g g Records, Vital JA Janiejon of V within 24 hours To the Funeral

à Be Completed 2 4 ☐ Donation 5 ☐ Othar (Specify) 21. Sin Physician/Medical Examiner Saquantially list conditions, if any, leading to Immediata causa. Enter Underlying Cause (Disease or Injury that initiated avants thet initieted avants resulting in death) Last à Be 2 1 Yas 2 No

1. Decedant's Nama (First, Middla, Last) ROHRBACK Dean 4a. Facility Nama (If not institution, give street and number) Franklin Square Hospital Center 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 1 M 2 F 55 216 36 5641 Usual Residence of Decadent 10a. Stata 10b. County 10c. City. Town or Location Maryland Baltimore Rosedale 10e. Street and Number 4228 Overton Avenue 11. Marital Status 12. Was Decedent Evar in U,S. Armed Forcas? 1 Nay Yas 2 No If Yes, Give 1 Navar Married 2 Marriad 3 ☐ Widowed 4 ☐ Divorced Year or Datas: 1961-63 15. Decadant's Education (Specify only highast grada completed) Elamentary/Secondary (0-12) Collaga (1-4or 5+) 12 17. Fathar's Nama (First, Middla, Last) W. Rohrback Sr. Melvin 19a. Informant's Name/Ralationship (Type, Print) Shelly Rohrback (wife)

 Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 ☐ No Specify:

If Under 1 Year If Under 24 Hrs.

Hours

Days

14. Race - American Indian, Black, Whita, atc. Specify: White

16b. Kind of Business/Industry

USA

16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Plumber

21236

College Maintenance 18. Mothar's Nama (First, Middla, Maidan Surnama)

19b. Meiling Addrass (Street end Number or Rurel Routa Number, City or Town, Stata, Zip Coda)

Willie

20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State

4228 Overton Ave 20b. Place of Disposition (Name of cematary, cremetory or other placa) Parkwood Cemetery

Rosedale, Maryland 21236 20c. Location - City or Town, Stata

Dean

12/30/1996 Baltimore, Maryland 22. Nama and Addrass of Facility

aura of Funeral San ce Licensee Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feilure. List only on cause on each line.

Bruzdzinski Funeral Home PA

1407 Old Eastern Ave. Essex, Maryland 21221 Approximata Intarval Between Onsat and Deeth

Immedieta Causa (Final disaasa or condition rasulting In daath)

Aspiration Pneumonia

Dua to (or as a consequence of):

Dua to (or as a consequence of):

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

End Stage Renal Disease, Insulin Dependent Diabetes

Osteomyelitis, Coronary Artery Disease

1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

2 Days

1 ☐ Yas 2 ♥ No 1 ☐ Yas 2 ☐ No

with Status Post Coronary Artery Bypass Graft 25. Wes casa rafarred to madical axaminar? 26. Placa of Death (Chack only ona)

Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Manner of Daath 28a. Deta of Injury (Month, Day Year) 1 Natural 2 ☐ Accident 5 Panding Invastigation

Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28c. Injury at Work? 28b. Tima of 1 Yes 2 No

28d. Dascribe how injury occurred 28f. Location (Streat end Number or Rural Route Number, City or Town, Stata)

23b. Did tobacco uss contribute to the cause of death?

29a. Cartifier (Check only

3 Sulcida

4 I Homicida

1 Cartifying Physician: To the best of my knowledge, daath occurred et the tima, data and piece, end due to the cause(s) end manner as stated.

2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end manner stated.

29b. Signature and titla of cartifier

29c. Licansa number

RD1921

29d. Data signed (Month, Day, Year)

December 26, 1996

30. Name end eddress of person who completed causa of deeth (Item 23a) (Type, Print)

9000 Franklin Square Drive Sein Aung M.D. Baltimore, Maryland

State Registrar

Certification:

Medical

31. Date filed (Month, Day, Year) DEC 3 0 1996

6 Could not be datarminad

32. Registrer's Signatura ella Davidson

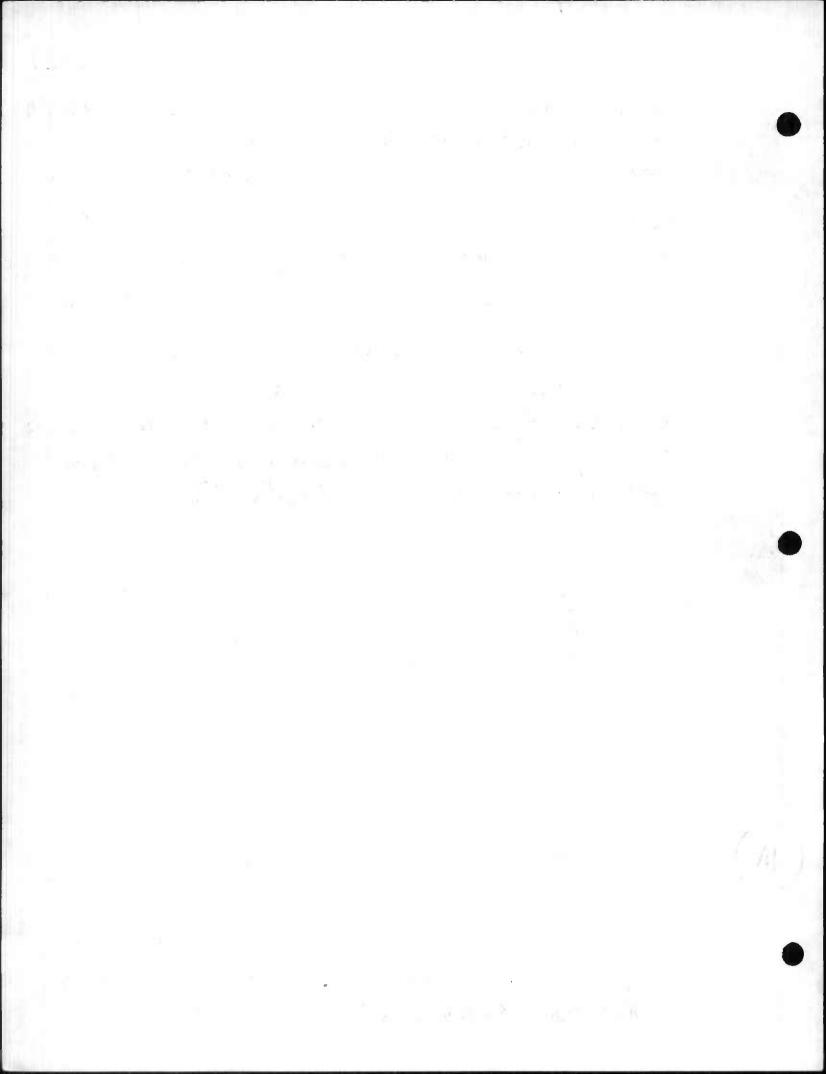
28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

State of Maryland / Department of Health and Mental Hygiene

96 3942

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DHMH 16 Rev 6/95



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ste has page 2 Comp								10	Yes 2 No	10		
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irector.	examiner?		Hospitei:	ont 5 🗆	CD/0.4	7000	hor	ath (Check only o				
	1 Me inpatient 2 LER/Outpatient 3 LDOA 4 Nursing Hom							T	dence 6 LIOth how injury occur			
After fune flon	100	Pending investigation	(Month, De		Injury		ork? ]Yes 2□No					
after death.  If Director: After the in by the funer.  Certification:		Could not be determined	28e. Piace of in building, e	jury - At ho tc. (Specify	me, farm, street, fa			28f. Location ( City or Tou	Street and Numb wn, State)	per or Rural I	Route Number,	
he Funer pietaly IIII edical (	29a. Certifier (Check only one)	Certifying Phy- Medical Exami	sician: To the best ner: On the basis of and manner si	of examinat	viedge, death occu ion and/or investig	rred at the tetion, in my	ime, date and place opinion, deeth occu	e, and due to the urred at the time,	cause(s) and mi date and place,	nd manner as stated. lace, and due to the cause(s)		
Me Me	29b. Signature and title of	of certifier	er 29c, License number						29d. Date signe	d (Month, Di	ay, Year)	
5	> /u.		who completed cause of death (Item 23e) (Type, Print) -D. ODSA Med. Brilding Suite 308. 7505						12.	22.	76	
3	30. Name and address o	f person who co	ODSA	death (item	23e) (Type, Print)	Swite	308. 75	os Os	ler Pri	ve. 70	5W_5W 21204	
State	31. DEC 3'00' 19	196 <sup>ear)</sup>	July Devid									

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Item23PartI 12-30-96 FilmG742 W.H.Per Doctor Items17,19a 1-27-97 FilmG743 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Neme (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** SCHULTZ ELMER 12:20 AM JOSEPH December 18 1996 /Medical 4e. Facility Nama (If not institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Burnic North Arundel er If Under 24 Hrs.
//s Hours Min. Hospita Hone Arundel 5. Social Sacurity Number If Undar 1 Yeer 7. Aga (In yrs. iast birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) Months Days 108M 2□ F 212 28 4535 71 Yrs 15, August 25 Maryland Usual Rasidance of Decedant 10a Steta 10b. County 10c. City, Town or Location 10d. inside City Limits Director 1 ☐ Yas 2 ☐ No Maryland Anne Arundel Riviera Beach 10e. Street and Number 10f Zln Code 10g. Citizen of What Country? 176 Carroll Road 21122 U.S. Funerai 12. Was Decedant Ever in U.S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indian. 1 ⊠Yas 2 □ No If Yas, Giva Yeer or Dates: W.W. II 1 Navar Merried 2 Married 1 ☐ Yes 2 ☐ KNo þ White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade complated) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) Collega (1-4or 5+) Publication Typographer 2 years 17. Fether'a Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) Be Schultz Helen C. Haney Elmer Joseph Shultz-Sr. 2 19a. Informant's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Paul Shultz sonSchultz 622 Arundel Road Pasadena, Maryland 21122 20b. Pleca of Disposition (Nema of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burlal 2 Cremation 3 Ramovel from Steta 12/23/96 Crownsville, Maryland Md. State Veteran Cem. 4 □ Donation 5 □ Othar (Specify) 22. Nama and Addrass of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 udan 23e. Part1. Entar the disaasa, or complications that caused the death. Do not antar the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Batween Onset end Death Immediata Cause (Final disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disease or injury that initiated events rasulting in daath) Lest Hypotension Dua to (or es e consequence of): Sepsis Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Wes en autopsy performed?

Physician /Medical Examiner

Funeral

**Director** 

7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

with the Marylend

permit. Peges 1 and 2 should be filed within 72 hours after deeth with Department of Health and Mentel hygiene. Important: If Item 27 is marked other than "--- any highry or other traument."

Examiner physician and the bunal-transit Physician/Medical 98 980 for signed by the a d be detached f à Completed peed hes paga 2 certificata To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica funerel director, Be 2 Certification:

Division of Vital Records, P.O. Box 68760.

24b. Were autopsy findings evailable prior to completion of cause of death? 1 Yas 2 No 1 □ Yas 2 □ No 25. Was casa rafarrad to medical axaminar? 26. Pleca of Daeth (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 Yas 25 No 1 Z inpatiant 2 ER/Outpatient 3 DOA 27. Megnar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Netural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide 29a. Certifiar (Check only one) 1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, dete and piece, end dua to tha causa(s) and manner as etated. Medical 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated.

pleted causa of death (item 23e) (Type, Print)

au

29d. Data signed (Month, Day, Year)

State

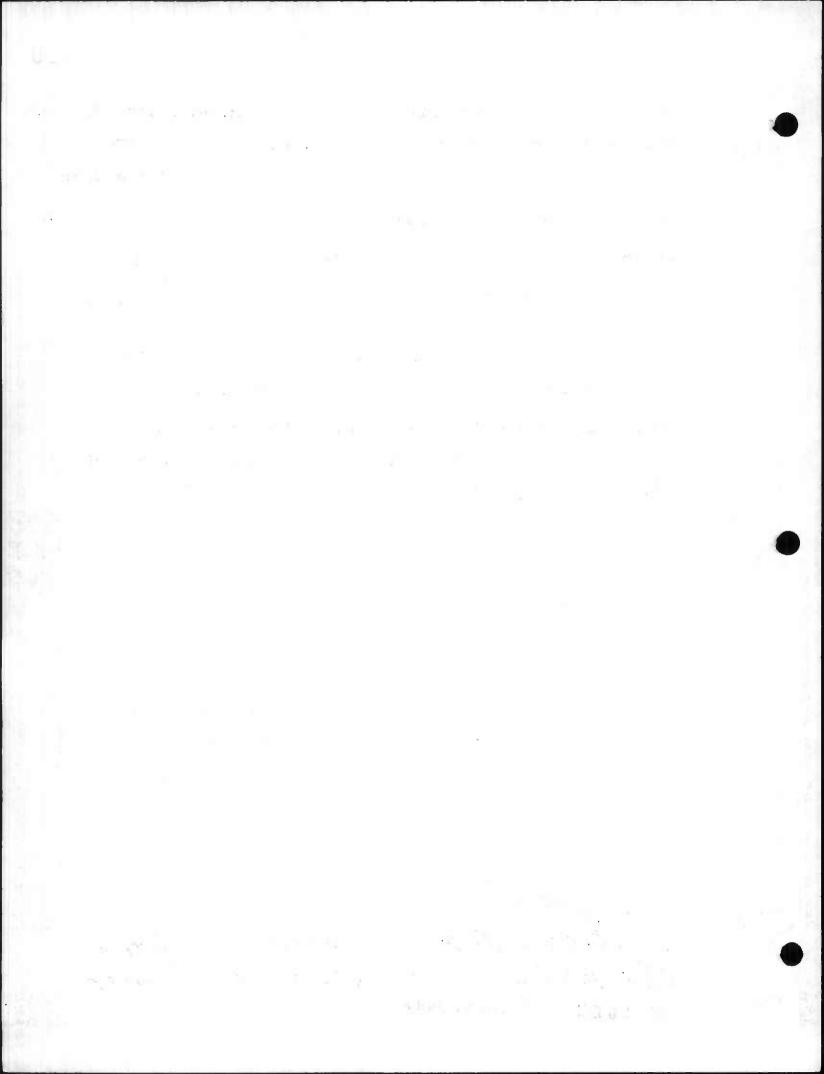
29b. Signeture end titla of certifier

30. Nama and address of person

State of Maryland / Department of Health and Mental Hygiene 96

39430

							C	Certificate	of Death		Reg. No.		0 2 4 0 0
	Dhuala	100	1. Decedent's Nama (Firs	t, Middla, La	est)					2. Data of D	Death	W	3. Tima of Death
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	Funeral Director		5. Social Sacurity Number 217-05-46 Usual Rasidanca of Dece	114 1	Sax 7	'. Aga (In yrs. 8.		Months D	aar If Undar 24 H ays Hours Mi	n. (Month, L	Sirth Day, Year) 4, 191.	9. Birth Cou MA	placa (Stata or Foraig intry) RYLAND
	yland			County		10c. Cit	y, Town o	r Location					10d. Insida City Limits
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	ler death with the Marylan flems 23a or 28a-f show free mast be notified at	Funeral Director	10e. Street and Number					10f. Zip Co	da		10g. Citizen of	What Cou	untry?
	15 wil	alD	20 WEYFIEL	D CT.				212	37			USA	
	dea	ner	11. Marital Status		12. Was Deced	lant Evar in U	S.		of Hispanic Origin? Cuban, Maxican, Pus	Specify Yas or N	lo- 14. Ra	ca - Amar	Ican Indian,
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Ma	1 and 2 Health and 27 is		19a. Informant's Name/Ra	lationship (7	Type, Print)	raat and Number or I	Rural Route Num	ber, City or Town	, Stata, Zi	p Coda)			
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Baltimore,	Departm Departm Importan any injur		21. Signatura of Funaral S	arvica Licin	XX.	10m		CVACH/R	ddrass of Facility COSEDALE FI CHESACO AV		OME		
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<b>.</b>	as that igned b		Cl	PR	×					1	Yee 2 No	3 Pro	bably 4 Unknow
Records,	requir	Completed b	A A								s an autopsy omed?	av	ara autopsy findings vallabla prior to ompletion of cause death?
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	ysician: is certific director,	0	axa <i>m</i> inar? 1 ☐ Yas 2 No	-	Hospital:	atiant 25	FR/Outpa	tient 3 DOA	Other:			ns (Canali	4.1
Division of	Attending Physician: r death. ector: After this certific by the funeral director,		To impatiant 2 DEProdupation 5 DOA 4 Nursing Home 5 Hasidance 6										
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39431

3. Time of Death

2. Date of Death

Physicia /Medic		EDW.			HULZ								DEC	25	Year /99	6 1530	D PM
Examin		4a. Facility Name	(If not institution	on, give	street end n	um <i>ber)</i>					4b. City, To	own, or L	ocation of Deat		unty of Dea	ith	
		St. Agnes		-							Balt			N	/A		
Funeral Director		5. Social Sacurity 216–36–54 Usual Rasidence	455	6. Se	X XM 2□F	7. Aga	(In yrs. last	Ven	If Under Months	1 Year Days	If Undar Hours	Min.	8. Date of Bir (Month, De Septemb	ey, Yeer)	C	thplaca (Stete ountry) ryland	or Foreig
the Maryland 28a-f show	tor	10a. State  Maryland	10b. Count	•			10c. City, To		cation	Δ					10d. Inside City Lim 1 ☐ Yes 2 ☒		
th with the 23a or 28a sat be notif	Funeral Director	10e. Street and N	umbar		ie			oacu	10f. Zip		3			10g. Citizen of What Country? U.S.A.			
urs 8	þ	11. Marital Status		rried	12. Was Dec Armed F 1  Yes If Yes, G Year or I	orces? 2 ☑ No iive		1	Vas Deced f Yas, spec	ify Cubi	lispanic Or an, Mexica Specify:	n, Puarto	ecify Yes or No Rican, etc.)	0- 14.	Race - Am Black, Whi	American Indian, White, atc. Mite	
d within giene. r than	npieted		15. Decedent's Education (Specify only highest greda completed)  Elamentary/Secondary (0-12)  College (1-4or						16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired)  Truck Driver  Tasty Cake, Inc.								
	Be Col	17. Father's Name Gilman E.			1.	ruck 1	river		18. Motha		e (First, Middle			inc.			
s I and 2 should be filed if Health and Mental Hygiem 27 is marked other other traumatic event.		19a. Informant's I Valerie S 20a. Mathod of Di	Name/Relation	ship (Ty	(Type, Print) e)			129 S. Symington			net and Number or Rural Route Num  Avenue Catonsvill  Data					1228	
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permit. Page Department of Important: If any injury or once.		21. Signature of 5	asere	an	Sig	L	2	22. Name and Address of Facility Witzke Funeral Home of 1630 Edmondson Avenue					Catonsvi Catonsvi	lle, In	c. rvland	21228	
hysician /Medical Examiner		23a. Part1. Intershock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he s	(Final	A TORY	o not ent	A LUC	of dyir	ng, such as	cerdiac	or respiratory a	arrest,		Approxim Interval B Onset and	atween			
nsit nsit	Examiner			PNEUMONIA						1 da	y						
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Olsease or Injury c.										0					
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ingred by the ettending physician and doeseled to use as the burial-transit	pieted by Physician/Medical	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Chronic obstructivy pulmonary disease  1 Yes 2 1											of death				
s been sign	pieted t				_					24a. Was	an autopsy ormed?	24b.	Were autops: available prio completion of of death?	r to			

Comple vision of Vital Rec Be Certification: To

25. Was casa referred to medical examiner? 1 Yes 2 No

1. Decedent's Name (First, Middla, Last)

27. Manner of Death 1 ☑ Natural 5 Pending investigation 2 Accident

6 Could not be determined

28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify)

2 ER/Outpatient

1 Inpatient

28a. Date of Injury (Month, Day Year)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(s) and mannar as statad.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

1 ☐ Yes 2 ₽ No

28d. Describe how Injury occurred

26. Placa of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

29b. Signatura and title of certifier

3 Suicide 4 Homicida

29a. Certifier (Check only one)

> 29c. License number PO-9145

29d. Data signed (Month, Day, Year) DEC 25, 1996

1 ☐ Yes 2 ☐ No

Hospital:

\*\*Normal Chanton Saeng M.D.

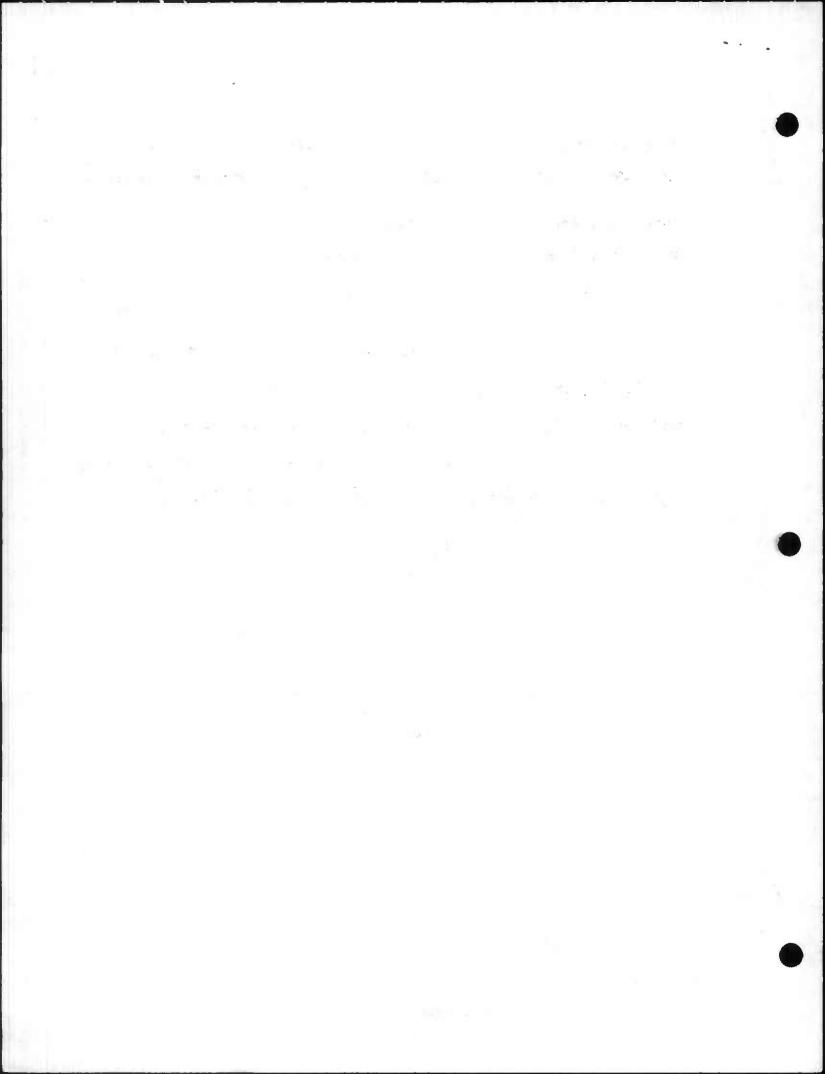
30. Nama and address of person who complated ceuse of death (Itam 23a) (Type, Print)

KONGSAK CHANTORN SAENG ST. AGNE ST. AGNES HOSPITAL 900 CATON AVE. BALTIMORE, MD 21229 31. Date filed (Month, Day, Year)

State Registrar

DEC 3 0 1996





State of Maryland / Department of Health and Mental Hygiene

96 39432

Certificate of Death 2. Data of Death 3. Tima of Deeth Day **Physician** SCHNEIGER Brigid DECEMBER 115 /Medical 4e. Fecility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Church Nursing Home Baltimore N/A If Under 24 Hrs. Hours Min. 5. Sociel Sacurity Number If Undar 1 Yaer 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) **Funeral**  Birthplace (State or Foraign Country) Months Days 1□ M 25 F 212 22 1597 94 Yrs. Director 27 02 Maryland Usual Rasidanca of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23a or 28a-f ahow Pages 1 end 2 should be filed within 72 hours efter death with the Marylar nent of Health end Mental Hygiene. Intt: If Item 27 Is marked other then "naturel", or items 23a or 28a-f ahow int or other traumatic event, "The Manical Examines is not be not fed." Md. N/A Baltimore 1 X Yes 2 □ No Director 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 510 S. Bouldin Street 21224 USA Funeral 12. Was Decedant Ever In U,S. Armad Forces? Was Decedent of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. Yas 2 No Yes, Give XX Year or Datas: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No by Specify: White 3√Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) At Home Housework Unknown 17. Father's Name (First, Middla, Last) 18. Mothar's Nema (First, Middle, Maiden Sumema) Be William Schech Anna S. Unknown 19b. Meiling Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) Margaaet Anna Herda, Daughter 510 S. Bouldin Street Balto., Md. 21224 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 □ Burlal 2 □ Cramation 3 □ Ramovel from Steta 4 □ Donation 5 □ Othar (Specify) important: It any injury o Sacred Heart of Jesus Cem. 12-27-96 Dundalk, Md. 21. Signatura of Funaral Sarvica Licansaa 22. Nama end Addrass of Facility Charles S. Zeiler & Son Inc. 901 S. Conkling St. Balto., Md. shock, or haart failura. List only one cause on each line. Physician PELVIC ABSCESS /Medical Immediate Causa (Final 2 Weeks diseasa or condition rasulting in daath) Examiner Examiner the burial-transit or Attanding Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Atherenderofic (Frant Disease director, page 2 should be detac 1 Yas 2 No 3 Probably 4 Unknown Records, þ Chronic Obstanetine Palsotrary Disease Completed 24a. Was an eutopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 1 □ Yes 2 TNo 2 7 No 1 Yas Division of Vital 25. Was case referred to medical axaminar?
1 ☐ Yas 2 ☐ No Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) Certification: To 1 Inpatlant 2 ER/Outpatient 3 DOA this the funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascriba how injury occurred 28c. Injury at Work? After 5 Panding investigation death. 1 Yas 2 No 2 Accident Director: 6 Could not ba datarmined 3 ☐ SuicIda in by t 28e. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicida Hospital 14 hours Medical Tertifying Physician: To the best of my knowledge, daeth occurred at the time, data and placa, and due to the ceuse(s) and mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29a. Certifier (Check only one) 29b. Signature end title of certifiar 29c. Licansa number 29d. Dete signed (Month, Dey, Year) OR revareday, 40356 DECEMBER 24,1996 Recialist 30. Nema and addrass of person who completed causa of death (Item 23a) (Type, Print) Baltimore, Haryland 21231 WENELISA NAVARRO 100 N. Broodway 31. Data filed (Month, Dey, Year) Registrar's Signatura State

DHMH 16 Rev 6/95

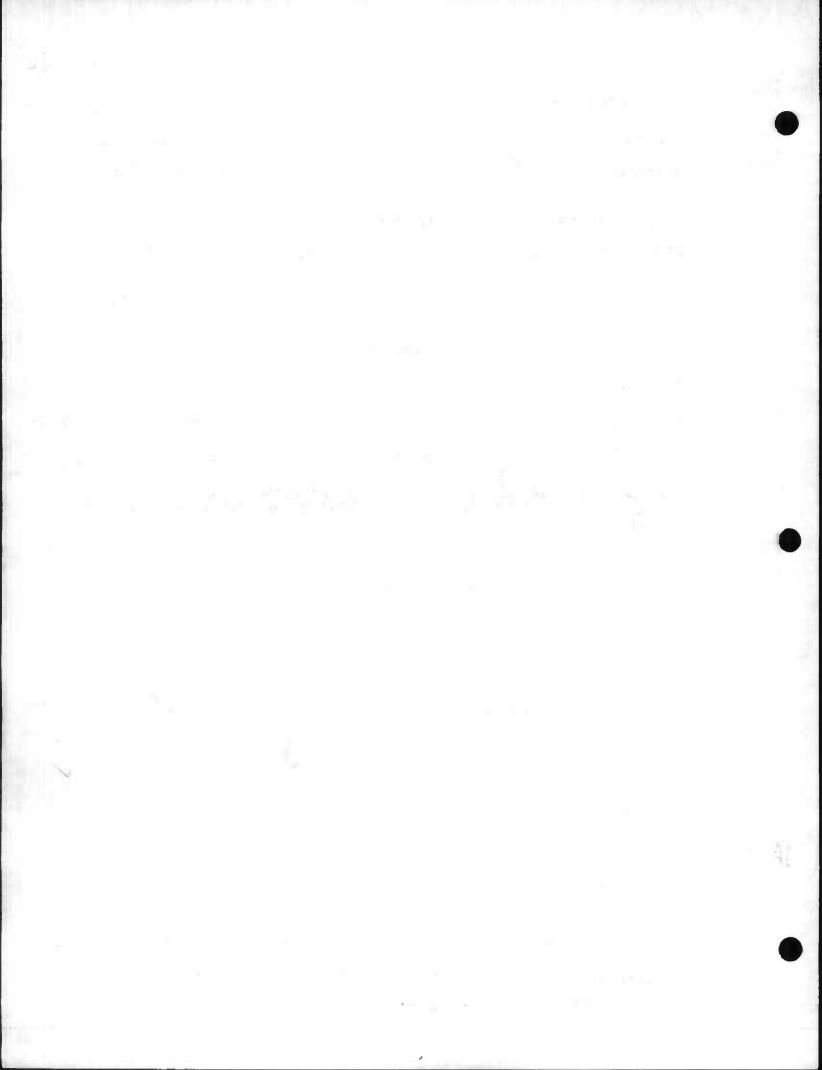
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State of Maryland / Department of Health and Mental Hygiene Q C

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Physician   Model as   Facility Name (if not installation, you arraws earl amaker)   4a. City, Town, or Location of Death   4c. Copy, 1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996   1996							Cei	rtificate	of.			Reg. No.	90	0 0	434
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## Purceral Procession											Dec 2	8, 1996		6:	20am
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State of Maryland / Department of Health and Mental Hygiene

39435 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Deeth Month **Physician** December 21 Lucille 4:55 am Sharpe 1996 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Union Memorial Hospital Baltimore City None 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 200F Months Days Hours Min Yrs. 215-24-0150 69 Director Maryland Usual Residence of Decedent 10a. State Pages 1 end 2 should be filed within 72 hours efter death with the Marylan neat of Health and Mental Hygiene. Internor is marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, Ita Marian is martle northed at ury or other traumatic event, Ita Marian is annual or neatled at 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland None 1 AYes 2 No Director Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 739 E. Preston St. USA 21202 Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No tf Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Unknown Unknown Unknown Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Unknown Unknown 19e. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Betty Ballard / Niece 739 E. Preston Baltimore, Maryland 21202 20a. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department of Important: if any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Zion 12 - 30Landsdowne, Maryland 21. Signature of Funeral Servine Licens 22. Neme and Address of Facility The Derrick C. Jones Funeral Home 4611 Park Heights Ave Baltimore, Maryland 21215 23a. Part1. Enter the disease, of complication that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting to death) **Examiner** Examiner The law requires that the deeth certificete be axecuted bunal-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical the Due to (or es e consequenca of): use es P.O. I Pert II. Other significant conditions contributing to death but not resulting to the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, 2 2 24b. Were autopsy findings aveilable prior to completion of cause of death? page 2 should Completed 24a. Was en eutopsy performed? certificata 1 Yes 1 ☐ Yes 2 ☐ No Vital Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner examiner?

1 Yes 2 No

27. Magner of Death

1 Netural

2 Accident 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Yes 2 No 3 Sulcide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Locatton (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide & hours Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end placa, and due to the cause(a) end manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier To the within 1 To the 29b. Signeture end title of certifier 29c. License number 29d. Dete stgned (Month, Day, Year) AT 2438 946 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) UNION MEMORIAL HOSP., 201 E. UNIV PKWY, BALTIMORE MD State Registrar

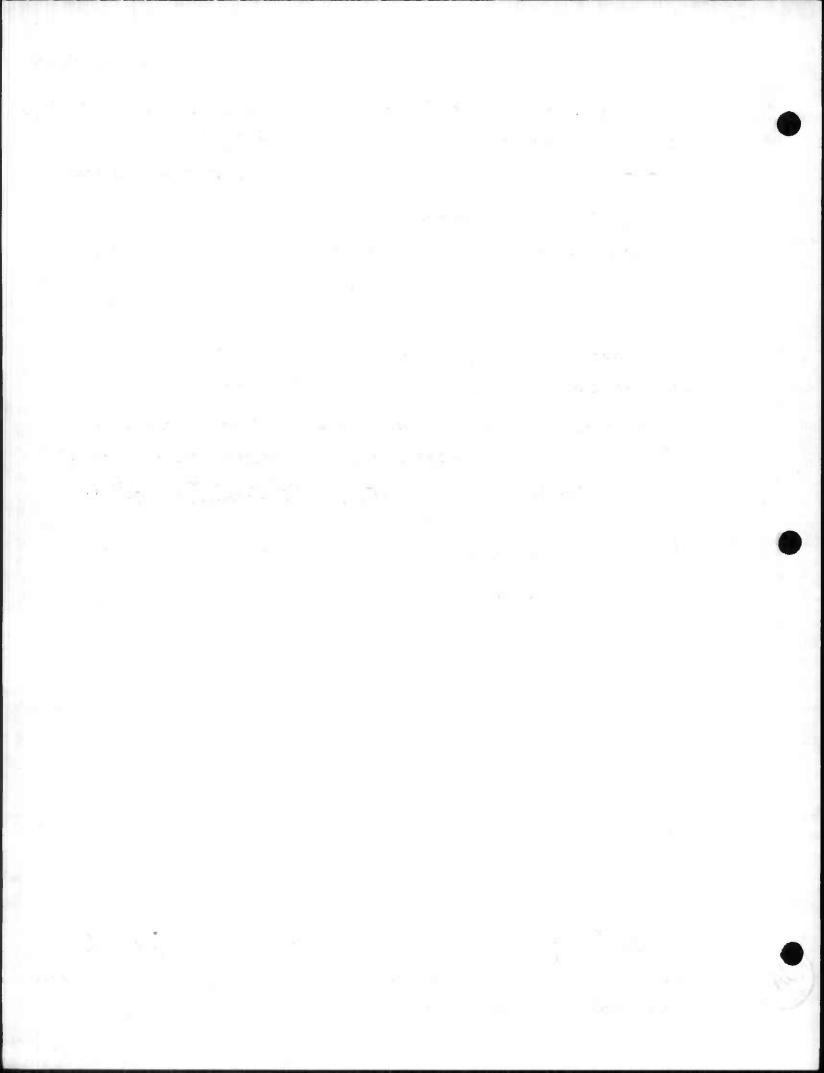
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Veer 28, 1996 Marguerite 8:04 a.m. December /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Rossville Franklin Square Hospital Center Center

7. Aga (In yrs. last birthday)
On Yrs.

If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Mogth Day Yaar)
April 25, 1906 Baltimore 5. Social Sacurity Number 9. Birthplaca (Steta or Foreign Country) Mary Land **Funeral** 1□M 2□F 212-01-0090 Director Usual Rasidence of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show event, the Madical Examiner must be notified at 1 Yaa 2 No Director Maryland Baltimore Essex 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ò 5 Brett Court 21221 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene.

Important: if flem 27 is marked other than "nature!" ~ " songs.

any injury or other traumatic even. Funeral 11. Marital Statua 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yaa or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 XNo Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Milliner Hat Shop 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Laurence Steen Maude Hellman 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Charles Franklin (Nephew) 7111 Rich Hill Road Govans, Md. 21212 20b. Place of Disposition (Nama of cematary, cramatory or other place)
Holy Redeemer Cemetery 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Surial 2 Cramation 3 Ramoval from Stata 12/31/1996 Baltimore, Md. 4 □ Donation 5 □ Othar (Specify) 21. Signatura of Funarai Servica Licensas 22. Nama and Address of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. ofm Durkows 23a. Pa . Entar tha disaasa, or complications that ceused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, since k, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician Immedieta Causa (Final disaasa or condition resulting in deeth) /Medical a Agonal rhythm 30 minutes Examiner Due to (or as a consequence of): Examiner Coronary artery disease 6 years Attending Physician: The law requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disease or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) for use es ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown signed b Atrial fibrillation þ been si 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Waa an autopsy performed? Diabetes mellitus, Hypertension page 2 s 1 ☐ Yes 2 ♥ No 1 ☐ Yas 2 ☐ No certificate Left humerus fracture Be 25. Was casa rafarred to medicel examinar? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mennar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 1 XNetural 5 Panding death. Investigetion 1 Yas 2 No by the 2 Accident 3 Suicida 6 Could not be detarmined 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) ě 4 Homicide till Certifying Phyafcian: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. edical 29a. Certifiar 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 02 H35593 December 28, 1996 30. Nama and addrass of person who complated dauge of daath (Itam 23a) (Type, Print) 9000 Franklin Square Drive John Loh Baltimore, Maryland 21237

State Registrar 31. Data filed (Month Dey, Year)
DEC 3 0 1996

32. Flogistrar's Signatura

Suha Davidson-Randelle

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State of Maryland / Department of Health and Mental Hygiene

39438 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physician** Month Snyder December 9 pm Edith Virginia /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore 406 Stemmers Run Road Essex If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Jan. 15, 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Days 1□ M 2□ F Vrs Virginia Director 1912 84 231 16 5075 the Maryland 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Maryland Baltimore Essex Director 1 ☐ Yes 2 ☐No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 21221 USA 406 Stemmers Run Road 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 Yes 2 XNo Specify: Completed by Specify. 3 Widowed 4 □ Divorcad White 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housewife OWN Home 12 L Pages 1 and 2 should be filed witness of Health and Mental Hygier transfer if item 27 is marked other thury or other traumatic event, and Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Charles Baker Cora Linhoss 19a. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 312 Songwood Court Millersville, Maryland 21108 Sheldon Snyder (son) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from Stete 12/31/1996 Harrisonburg, VA. Dayton V.A. Cemetery 5 Other (Specify) 4 Donation 21. Signature of uneral Service Ligary 822. Name and Address of Facility Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Essex, Maryland 21221 the resused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Physician /Medical Immediate Cause (Finel disease or condition resulting in death) **Examiner** Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last dir Box 68760. trustoi Physician/Medical the Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 8 24b. Were autopsy findings aveileble prior to completion of cause of deeth? Completed 24a. Wes an autopsy performed? The law 200 No 1 ☐ Yes 2 ☐ No Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA to Medical Certification: 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describa how injury occurred 28c. Injury et Work? uo 1 Neturel 5 Pending investigation 1 Tyes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and menner es stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) N.Khanna M.D. 901 Eastern Blvd. suite 200 Baltimore, Md. 21221

2. Registrar's Signature
Sina Davidson Randelle

State Registrar 31. Date filed (Month, Dey, Year)
DEC 3 0 1996

State of Maryland / Department of Health and Mental Hygiene Q 5

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Physici /Medic		1. Decedent's Name Mildred	A. Slowi	ast) . <b>k</b>							2. Date of De Month Decemb	ath	1996		me of Death
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Funerai Director		5. Social Security No. 217–05–14. Usual Residence of	14	Sex 1□M 2M2TF	7. Age (In yr: 80	s. last birthday Yrs.	Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De Oct. 17	v. Year)	0	irthplace (S Country) rylan	itate or Ford
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23a or 28	Funeral Director	10e. Street end Num 10314 Vi		ad			10f. Zip	Code <b>2116</b>	52			10g. Citizen	of What C		
natural, or items 23a or 28a-f ahow deal Examiner must be notified at	by	11. Marital Stetus 1 ☐ Nevar Marrie 3 ☐ Widowed		12. Was Deco Armed Fo 1 Tes If Yes, Giv Year or D	2 <b>/2/(N</b> o	U,S. 13.	. Was Deced If Yes, spec	cify Cuba	ispanic Orlan, Mexicen Specify:	gin? (Sp i, Puerto	ecify Yes or No Ricen, etc.)		Race - Am Black, Wh	erican Indi ite, etc. Whit	
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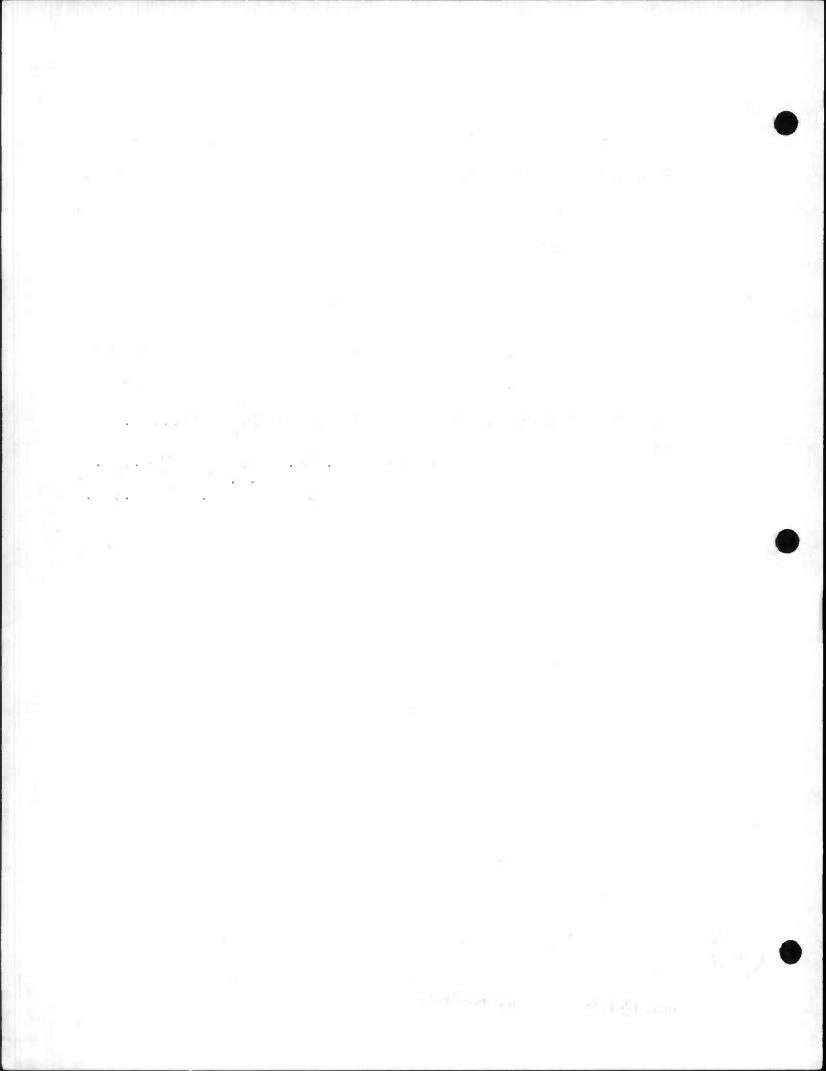
State of Maryland / Department of Health and Mental Hygiene 39440 Certificate of Death 1. Decedent's Nama (First, Middle, Lest) 2. Deta of Death 3. Tima of Deeth Dey **Physician** JOSEPHINE Smith DECEMBER 03:05 Am 23,1996 /Medicai 4a. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore City Memorial HOSP If Undar 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. Vest birthday) 6. Sex Birthplece (State or Foreign Country) **Funeral** Months 1 M XXF Director 215-14-8483 MARYLAND 13 Usual Residence of Decedent the Manyland 10a. Stata 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be inclined at 10d. Inside City Limits Director MD N/A BALTIMORE 10 Ws 2 No 10e. Street and Numbar 10f Zip Code 10g. Citizen of Whet Country? 21216 3403 ELGIN AVENUE US Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puarto Rican, etc.) 11. Maritel Stetus 14. Race - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any finury or other traumatic event, The Maddall Examine 1 Nevar Married 2 Married 1 Yes 2 XX Baltimore, Maryland 21215-0020 1 Yes 2 No Specify à Specify: BLACK 3 Widowed 4 Divorced Year or Dates: Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) EXANINER EMPLOYMENT 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 ROBERT GREEN RACHAEL GREEN 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3403 ELGIN AVENUE BALTI., MD. 21216 CHARLENE PHILLIPS (DAUGHTER) 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete tXXxurlel 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) ARBUTUS MEM. PK. 12/27 BALTIO., MD. 22. Nama end Addrass of Facility 21. Signature of Funeral Servica Licensee E.L. PHILLIPS F/H PA Necto CFSP # 28 1721-27 N. MONROE ST. BALTIO. MD. 21217 23e. Pert1. Enter the disease, or compileations that caused the death. Do not antar the mode of dying, such as cardiec or raspiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** BIVENTRICULAR /Medical Immadiate Ceuse (Final NAY diseese or condition resulting in death) Examiner Physician/Medical Examiner TYSCARNIA the burial-transit be executed Sequantially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or injury that initiated events rasulting in deeth) Last physician Box 68760. COLONBRY ettending p Part II. Other significant conditions contributing to death but not resuiting in the undarlying cause given in Pert i. Records, P.O. 23b. Did tobacco use contributs to the cause of death? à 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wera autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes an autopsy performed? Hy JENTENLION certificate 1 Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital montal or Attending Physician: Thours after death.

The state of the state of the sentificate of the sentificate of the state of the sentification, partied in by the funeral director, parties of the state of the state of the sentification. 25. Was case referred to medical examiner? Certification: To Be 28. Place of Deeth (Check only one) ETINO Hospitel Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide thin 24 hours a (Eartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end manner stated. 29e. Certifier Medical (Check only one) 29b. Signature end titla of certifiar 29c. License number 29d. Dete signed (Month, Dey, Year) A72438946-A50 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) anion Memorial Hospital, Battimine FAUL 12 31. Dete flied (Month, Day, Year) DEC 3 0 1996

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth Month Yeer :55 PM EDWARD DAVID SMITH December 27, 1996 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Sykesville ElderCare Sykesville Carroll If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (in yrs. lest birthday) Birthplece (State or Foreign Country) 1 ☑ M 2 □ F Deys Yrs 85 May 5, 1911 Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Baltimore Rockdale 10f. Zip Code 10g. Citizen of Whet Country? 3510 Ellen Rd. 21244 USA 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Married 2 Married 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WW2 White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Accounts Receivable Manager Union Trust Bank 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surneme) Laura Jane Childs 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) (Wife) 3510 Ellen Rd. Baltimore, MD 20c. Location - City or Town, Stete Dete 1 ➡ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Memorial Park | 12-30 Sykesville, Maryland 21. Signature of Funeral Service Lice 22. Neme end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 Part 1 where the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, should be heart feilure. List only one cause on each line. Approximate Interval Batwaen Onset and Death ardioverila 05 cl 88 Due to (or es e consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Naa 2 No 3 Probably 4 Unknown 26 core 2 NO 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 2 D100 1 ☐ Yes 2 ☐ No 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Tes 2 No 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State)

**Physician** /Medical **Examiner** 

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physician

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this certificate

After

rector: /

death.

funeral

Completed by page 2 should be

Be

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Certification:

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The law requires that the death certificete be executed

P.O. Box 68760,

Division of Vital Records,

Attending Physician:

Department of Important: If any Injury or soce.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

show

Directo

Funeral

Completed by

Be

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

the Maryland

death with

filed within 72 hours after

nd Mental Hygiene. marked other than

Pages 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 Is marked oth luny or other traumatic even

traumatic event,

21215-0020

altimore, Maryland

5. Social Security Number

10e. Street end Number

11. Marital Status

12 years

David Smith

Kathryn Smith

20e. Method of Disposition

10e. Stete

212-07-0781

Usual Residence of Decedent

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical

Immediate Cause (Final diseese or condition resulting in deeth)

Part II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i.

25. Was case referred to medical

1 Yes 2 No 27. Menner of Deat

1 Netorel 2 Accident 3 Suicide

4 - Homicide

6 Could not be determined

29a. Certifier

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated.

8620 Liberty

29b. Signeture end title of certifier

29c. License number

MALL

29d. Dete signed (Month, Dey, Year)

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) Robert B-Kroopnick

31. Dete filed (Month, Day, Year)

DEC 3 0 1996

32. Registrer's Signeture Sandson-Randall

State

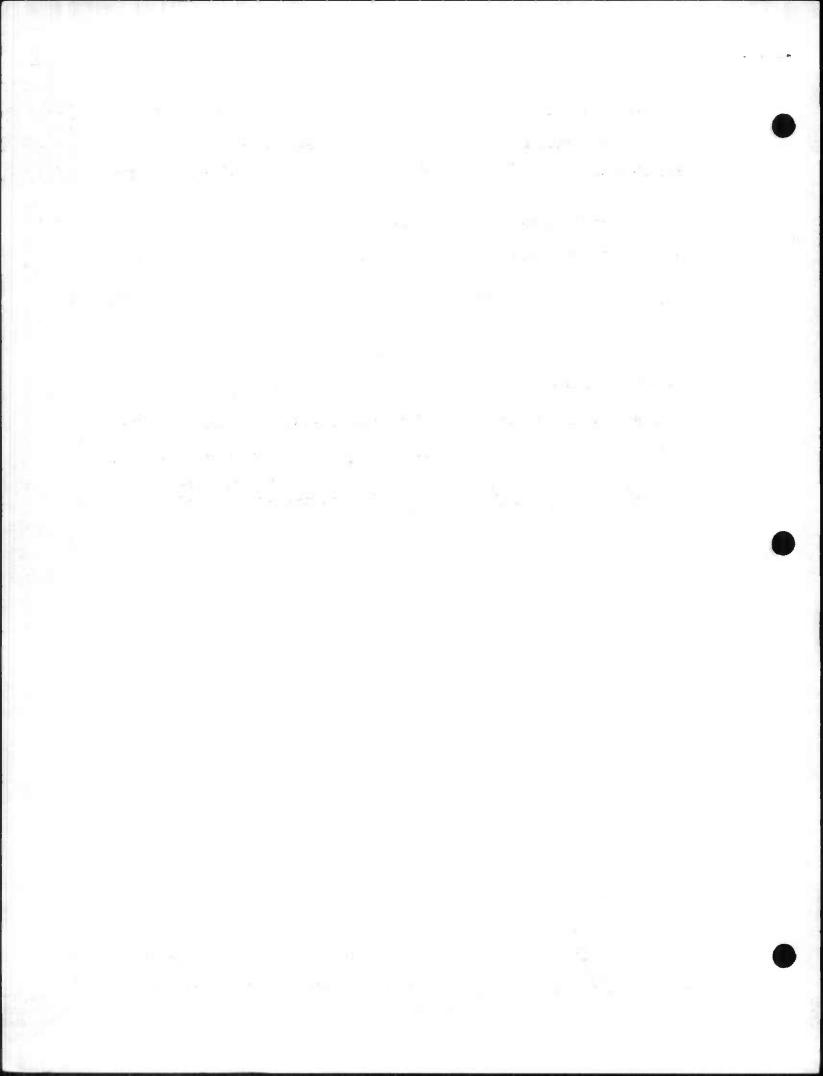
ITEM 10b, PER F'.H. FILM Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. - G-743 1/24/97 t.t

State of Maryland / Department of Health and Mental Hygiene 96

39442

							Ce	rtificat	te of	Death			Reg. No.			
	· ·		1. Decedent's Nama (First, M	liddla, Las	st)							2. Data of De	ath	V	3. Tim	a of Death
	Physic /Medi		Lily Mae	S	mith							Month December	r 24	1996		1 50 a
	Exami		4a. Facility Name (If not Instit	ution, give	a street and nu	mber)				4b. City, To	wn, or L	ocation of Death	4c. Co	unty of Deeth		
			St. Agnes H	ospi	tal					Balt	imor	e		N/A		
	Funeral Director		5. Social Sacurity Number 212–28–8674	6. S	ex □M 20,1 F	7. Age (In yrs	6. last birthday)	If Unda Months	Deys	If Under	24 Hrs. Min.	8. Dete of Bin (Month, De 7/2/19	th y Year)	Coui	piece (Stanty) yland	ata o <i>r Foreig</i>
	2		Usuel Rasidence of Deceden	_											,	
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	W Fig	cto	MD Jes	sup,	Howard		Jes	ssup							1 🗆 \	Yas 2 N
	P or S	Dire	10e. Street and Number						p Code					of What Cou	ntry?	
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	tems Mer	Funeral Director	11. Maritel Status		Armed Fo		J,S. 13.	Wes Dece If Yas, spe	dent of	Hispanic Orl	gin? (Sp	ecify Yas or No Rican, etc.)	- 14.	Race - Ameri Biack, Whita,		١,
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7	il Hygiene. other than vent, tre M	Con	9				Cash	ier					r Stor	е		
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<u>Xa</u>	should be filed with nd Mental Hygiene. marked other than imatic event, tre. It	10	Algernon John							E11	a Ri	ldgely			67	
Maryland	and and		19a. fnformant's Name/Ralat					-				ral Routa Numbe			Code)	
	1 and 2 Health em 27 i		Eileen Michae		Daughte					deo Co	urt	Jessup,	, MD 2	0794		
_	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		20a. Mathod of Disposition  1			State	Place of Dispo cematary, cre arriso	matory or	other pla	ace)		Data 12/30/98		ion-City or To		à
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מ	Depariment in any in		> 2/ 1		PL		. 1	630 E	dmor	ndson		Catons			220	
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	pet jisu	듄			b. Care		of the							i	year;	5
	and and	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury			Due to	or as a conse	quance of):	:					į		
08/00	ficate be executed physician and is the buriel-transit		Cause. Entar Undarrying Causa (Diseese or Injury that initiated evants	<	c			3000000						1		
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Alla	5 5	o Be	25. Was casa referred to med examinar?	-	Hospital:	/	3		Ot	har		h (Check only o				
5	anding Physically.	<b> -</b>	1 ☐ Yas 2 ☑ No  27. Manner of Death 1 ☑ Natural 5 ☐ Par	nding	28a. Data (Mon	npatiant 2 [ of Injury th, Day Year)	28b. Tima o Injury	1 3	28c. Inju	iry at ork?		ome 5 Resident			<b>'y</b> )	
I SIOI	by t	Certification:	3 Suicida 6 □ Co	estigation uid not be armined	28a. Place	of injury - At I	noma, farm, str	M reet, factor		]Yas 2□	NO		If. Location (Street and Number or Rural Routa Number, City or Town, Stata)			
Ď,	# 5 E	Cel														
1	Winin 2410urs Winin 2410urs To the Farletal Completely filled	edical	29a. Certifier  (Check only one)  1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opin end mennar stated.							ima, data an opinion, dee	and place, and dua to the cause(s) end menner as steted. seth occurred at the time, date and piece, and dua to the cause(s)					
-	To the comp	×							9c. Licansa number 29d. Dete signed (Month, Day, Year)							
1	0/		An.													
"	50	30. Nema and address of payson who complated cause of death (Itam 23a) (Type, Print)							Decemb	er 24	199	6				
_			Dr. Jean Cola				Health		. 0	00 Cat	on	Ave. Ba	ltimo	e Md.	212	29

DHMH 16 Rev 6/95



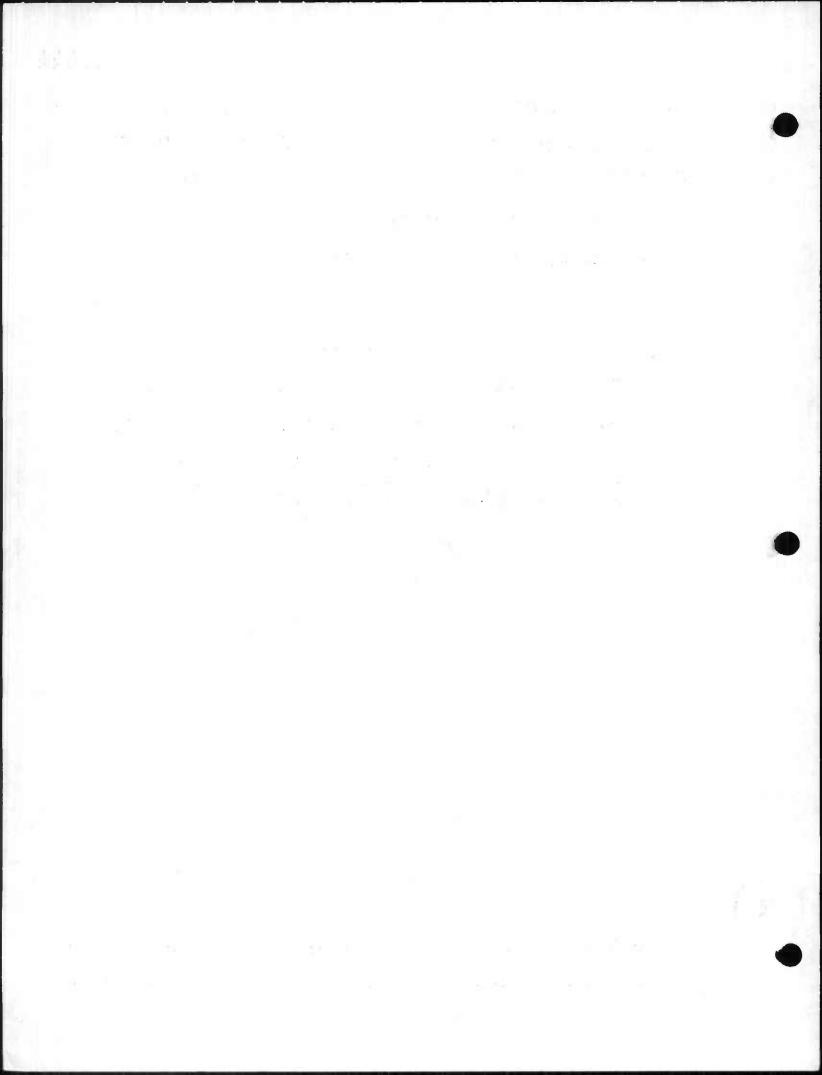
BALLIMORE, MARTLAND 21213-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 8878	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing 24 hours after death. Page 6 may be tetained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGI				
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	4. SOCIAL SECURITY NUMBER 225-09-7857			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country). irginia		
LOR	9a. FACILITY NAME (II not institution, give s Westminster Nurs	ing & Conv. C	enter	Westmir	ster	ATN	9c. COUNTY	of OEATH arroll		
DIRECTOR	residence of decedent  10a. STATE 10b. COUNT  Md. Carr			own on Location	ON			10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	100. STREET AND NUMBER 2239 Ebbvale	Road		101.	ZIP COOE 21102	102 U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		cify Cuban, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, etc.				
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	18a. OECEOENT'S US (Give kind of work We. Do NOT use n Dispato		BUSINESS/INDUS					
BE COMF	17. FATNER'S NAME (First, Middle, Lest) Unknown	18. MOTHER'S NAME (First, Middle, Meiden Matilda Taylo  19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Tow  2239 Ebbvale Rd., Manchester,								
TO B	196. INFORMANT'S NAME (Type/Print) Barbara Hook		196. MAILING AC 2239 I	oness (Street at	Rd., Ma	Poute Number, City or nchester	Town State, Zip Co	102		
	20a. METHOO OF OISPOSITION 1	noval trom State ceme	PLACE ANODATE OF C etery, cremetory or other Metro Cres	natory 22. NAME AN	Dec	. 30, 19		y or Town, State more, Md.		
	1 94.4. Est	charolt		3296	Charmil		chester,	Md. 21102		
-8	23. PART I. Enter the diseases, or henck or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	nch line.					interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. OUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):							
AL	PART II. Other algorificant condition	na contributing to death be	Direve	the undarlying	cause givan in	PEF	S AN AUTOPSY FORMEO? S 2 ANO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1  YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONT		F DEATH YES		UNCERTAI	N 🗆		1 1 125 2 % NO		
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	0	THER:	5 - Realdence	8 Other (Specify)				
/ PH	27. MANNER OF OEATN  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO		28d. OESCRIBE HO	W INJURY OCCU	REO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre			28t. LOCATION (St. City or Town, S	reet and Number or Itale)	Rural Route Number,		
COMPLETED		BICIAN: To the best of my knowl								
BE		1. Mon, 1	nd		29c. LICENSE NUI	MBER PP 2	29d. DATE S	IGNEO (Month, Day, Year)		
To		HO COMPLETED CAUSE OF OEA	ATH (ITEM 27) (Type, Pr	Busin	ers C	ent-	D. 18	Peintentown, M		
3	DEC 3 0 1996	CO PERIOD REPORTED	and a second					2113<		

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			Decedant's Nama (First, Middla, Last)		ryland		ment of H		1	Rag. No.	6	39444
	nysici Medic	ai	LEISER THO	MAS					2. Data of Dea Month DEC	Day 21	Yaar 1995	5.20 A.m
Fur	eamin	er	4a. Facility Nama (If not institution, give s  SAINT AGNES HO  5. Social Security Number  215 22 7788	SPITAL 7. Age	(In yrs. last		f Under 1 Yaar flonths Days	BALTI If Under 24 F	Irs. 8. Data of Birt	BALT	I MORE	E CITY  place (Stata or Foreign
		or	Usual Residanca of Dacedent  10a. Steta 10b. County  MD. BALTO.		10c. Cify, T	own or Locati	ion		11/6/	24		Od. Inside City Limits 1   Yas 2 □ No
with the I	Denotif	Director	10e. Street end Number		DAL		10f. Zip Coda			10g. Citizen of		11
Q Z1Z15-UUZU  (illed within 72 hours after death with the Maryland Hygiene.  ther than "naturel", or Items 23a or 28e-f show	Examiner must be notified at	by Funeral	2444 FREDERICK  11. Maritei Stetus  1 Never Marriad 2 Married  3#1 Widowed 4 Divorced	AVE。 12. Wes Decedant El Armed Forcas? 1 □ Yas 2 即 No If Yas, Giva Yaer or Datas:			21223 s Decedent of Hi as, specify Cuba Yas 2# No		(Spacify Yes or No- arto Rican, atc.)	USA 14. Rad Bla Specif	ce - Amaric ck, Whita,	atc.
Maryland 21215-0020 d2 should be filed within 72 hours aft th end Mental Hygiene. 71s marked other than "naturel", or	edical	Completed	15. Decedant's Educ (Specify only highast grada Elamantary/Secondary (0-12)	cation completed) Collage (1-4or 5+		(Giva kind lifa. DO	t's Usuai Occupa d of work dona o NOT usa retired, OMEMAKER	furing most of i	vorking	16b. Kind of B		Justry
aryland 212's should be filed within and Mental Hygiene.	ratic even	To Be	17. Fathar's Nama (First, Middla, Last) JESSE	COLE				ВА		RAPE	R	
Heal Heal	other trac		19e. informant's Neme/Relationship (Typ.  LEISER THOMAS  20a. Method of Disposition  1 #Buriel 2 Cremation 3 Relationship (Typ.)	206 DIE	ENER PL.	ss (Streat end Number or Rural Routa Number, City or Town, State, Zip Cod R. P.L. APT. 303 BALTO. MD. 21229 ama of Deta 200 Location - City or Town 5			29			
Baltimore, pemit. Pages 1 er Department of Hea Important: If item 2	any Injury or o		4 Donation 5 Other (Specify)  21. Signature of Funeral Service License		MEAD		ama and Addras		FUNERAL H			
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/Med Exam	iner	er	immediate Causa (Final disaasa or condition rasulting in daath) a.	Sepsis	ue to (or as	a consequan	nca of):			1,034		2 days
cate be executed physician and	uriel-transit	Examiner	Sequantially list conditions, if any, leeding to immediata causa. Entar Undarlying Causa (Olsaasa or injury	D	ua to (or as	a consequan	ice of):					
		an/Medical	c. that initiated events resulting in daeth) Last	Di	ua to (or as	a consequan	ce of):					
s that the death certifing	se detached fo	by Physician/M	Pert ii. Other significant conditions cont	ributing to death but	not rasultin	g in tha undar	rlying causa giva	n in Part I.		-		the cause of death?
e lew	page 2 should	Completed							24a. Wes a perfor	med?	ava cor of c	pre eutopsy tindings ailabla prior to apletion of cause deeth?
Vita sician: certific	ector.	To Be Co	25. Was casa rafarred to medical axaminar? 1 ☐ Yas 2 ☑ No Ho	ospital:	2∏ FB/	Outpatient 3	Othe	e.	aath (Check only or	a)		Yes 2010
Attending Phyrector: After this	9 0		27. Mannar of Death  1	(ear) 28t	. Tima of injury	28c. injury at Work?  M 1 Yas 2 No						
T TOUR		edical Certification:	29a. Certifiar 1☑ Certifying Phyal	na. daeth occ	curred at the time	a, data and ple	City or Town	euee/s) and ma	ennar as ste	eted.		
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1	Stat		30. Nama and address of person who com Haytham 13 Ishara 1 31. Data filed (Month, Day, Year) NFC 2 0 1006	MD St. Ag	nes Ho	(Type, Print	900 Cata	n Ave,	Baltim			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 39445

					Cert	ificate of	Death		Reg. No.	0 0	77440
Physicia	<u>_</u>	1. Decedent's Neme (First, Middle, La		}		3 117		2. Dete of De Month		Year	3. Time of Deeth
/Medica			IEMANA	J				DECEM	BE 26,	1996	6:30 Am
Examine	er	4e. Fecility Neme (If not institution, gir	re street end number)	1 1-	1	30	4b. City, Town, or				
		TREDURIUL VILL	4 NUYESIA	6 CE	NIC	If Under 1 Yeer	Catonsvil			Trme	
Funeral Director			Sex 7. Age (	(In yrs. lest bir 74	Yrs.	Months Deys			7, 1922	9. Birthple Count Marylar	lece (Stete or Foreign try) nd
Hygiene. ther than "natural", or items 23e or 28e-f show ent, tre Medical Examiner must be notified at		10e. Stete 10b. County	1	IOc. City, Town	n or Loca	ation				10	0d. Inside City Limits
To be	ģ	Maryland Baltimo	re	Cato	onsvi	lle					1 ☐ Yes 2√No
3a or 28	al Director	10e. Street end Number 1912 Norhust Way No	rth			10f. Zip Code	1228		10g. Citizen of W U.S.A.	Vhet Count	iry?
E	Funeral	11. Meritel Status	12. Wes Decedent Ev	er In U,S.	13. We	es Decedent of I	Hispenic Origin? (S	Specify Yes or No		e - America	
Exa.	P P	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1. Ayes 2 No If Yes, Give Yeer or Detes:			Yes 2 No	en, Mexican, Puer Specify:	to nican, etc.)		k, White, e White	
alcat.	Completed	15. Decedent's E	ducation	16e.		nt's Usuel Occup	petion during most of wo	rkina	16b. Kind of Bu	siness/Indi	lustry
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often 1	0	19a. Informant's Neme/Reletionship (	Time Oriett	405	NA-10	Address (Co.	Myrtle R				
6		Vaughn Quellette (Per	*				and Number or R				Code)
important: it item 27 eny injury or other tr once.	-	20e. Method of Disposition	solar Rep.)	20b. Plece of	Disposit	tion (Name of	Road Cator	Dete P	20c. Location -		wn. Stete
yor		1  Buriel 2  Cremetion 3  C 4  Donetion 5  Other (Specif				tory or other ple	cember 28.				
injur	-	21. Signeture of Funeral Servica Licer		Tarkwood		Name end Addre		1990	Parkville,	raryl	Land
eny ir		R1.1 4	21		Witz	zke Funera	al Home of				
	$\dashv$	23a, Pert1. Enter the disease, or com	alloations that caused th	e deeth Don	1630	D Edmondso	on Avenue (	Catonsvill	e, Marylan	-	Approximete
ician		23a. Pert1. Enter the disease, or com shock, or heert feilure. List only									Interval Between Onset and Death
ical	1	Immediata Cause (Finel	Me	ta 5+	ah o	c Ca	lan	Cano	ez		Manty
iner	1	diseese or condition resulting in deeth)	a	×							
	je		00	ue to (or es a c	onseque	arice or):					
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		if eny, leeding to immediate causa. Enter Underlying Ceuse (Diseesa or Injury									
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tache	38	Port II. Othar significant conditiona c	oninbuting to deeth but i	iot resulting in	the unge	enying cause gw	/en in Peπ I.				tha cause of death?
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should								24e. Wes	en eutopsy ormed?	com	re eutopsy findings lieble prior to apletion of cause leeth?
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polor, p		25. Wes casa raferred to medical					28 Place of Dec	ath (Check only			Tes 20140
	o	examiner? 1 Yes 2 No	Hospitel:	2 ER/Out	petient	3 DOA Oth	or /		danca 6 □Othe	r (Specify)	)
horai		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Y	28b. T		28c. Injur			how injury occurre		
ad in by the funer	200	1 ØNaturel 5 ☐ Panding 2 ☐ Accident Investigation			ijui y		Yes 2 □ No				
		3 ☐ Sulcide 6 ☐ Could not be datarmined	28e. Pleca of Injury building, etc. (	- At home, fer	m, street	t, fectory, offica		28f. Location (	Street end Numbe	or or Rurel	Route Number,
pletely fi		29a. Certifier 1 ☐ Certifying Ph (Check only one) 2 ☐ Madical Exam	yelclan: To tha best of m ilner: On the basis of ex end menner steted	eminetion end	deeth od Vor Inves	ccurred et tha tir stigation, in my o	me, dete end placa plnlon, deeth occu	, and due to the irred at the time,	ceusa(s) and men dete end pleca, e	nner as sta nd due to t	ited. the ceuse(s)
00		29b. Signeture end title of certifier	1 0			29c. Licens			29d. Date signed		
1		Bulan	Ford,			036	942		Decemb	er ?	27, 1996
5		30. Nema end address of person who	completed cause of daet	h (Itam 23e) (7	Type, Pri	nt) 009. F	RC-DCRI	ck RD.	BALTI	more E	27, 1996 21228
State		31. Dete filed (Month, Dey, Year)	32 Degistrer's	Signature	-						21228
Registrar	-	DEC 3 0 1996	Julia Durdson	-Handell	6						

11 7 15

Item28a 12-30-96 Fi1mG742 W.H.Per Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 39446 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day **Physician** Month George Tinsley Dec 1996 6:34 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Conter-Shock Trauma Unive If Undar 1 Year If Undar 24 Hrs. 8 D. Baltimore City 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth 6. Sax 9. Birthplaca (Stata or Foreign **Funeral** Days 1 JM 2 □ F Months Min. Hours 219-50-5086 46 Yrs Director Pa. Usuel Rasidance of Decedant the Maryland 10b. County 10a, State 10c. City, Town or Location 10d. Insida City Limits rail, or items 23a or 28a-f show Na Baltimore Md Director X Yas 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? Pages 1 and 2 should be filled within 72 hours after death with in nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or items 23a or ? 904 North Fulton Avenue 21217 USA by Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Yas 2 No If Yes, Giva Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☑ No Specify: 3 Widowad 4 Divorced Specify: Black Completed other treumatic event, the Medical 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) 12th Grade Col-Grad Fulltime Computer Analyst 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Sumama) Be 2 Laprade Lorraine Charles Η. Tinsley 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) 3518 Cliftmont Avenue Baltimore, Md. 21213 Tinsley Lorraine At of He. 20b. Place of Disposition (Nama of cematary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Department o Important: If I any Injury or 12-23-96 Owings Mills Garrison Forest Va Cem 21. Signatura of Funarai Sarvice Licensas 22. Nama and Addrass of Facility Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line. Do not entar tha moda of dying, such as cerdiac or raspiratory arrast, Approximate Intarval Batween Onsat and Death Physician /Medical Immediata Causa (Final Sepsis disaasa or condition rasulting in daath) d weeks Examiner Dua to (or as a consequence of): Examiner a weeks orniers Gangreno The law requires that the death certificate be assecuted Sequantially list conditions, if any, leeding to immadieta ceuse. Enter Undarfying Causa (Diseasa or Injury that initiated events rasuiting in death) Last and Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physiclan Physician/Medicai the Dua to (or as a consequence of) the attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detact 1 | Yes 212 NO 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? this certificate 1 Yas 2 No 2 No 1 Yas To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, p. Be 25. Was casa rafarrad to medicel 28. Placa of Death (Check only one) axaminar 1 Yas 2 No Certification: To Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Naturai 5 Panding 1 ☐ Yes 2 ☐ No Invastigation 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 1996 2 Accidant 6 Could not be datarmined 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicida Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the ceuse(s) end mannar as steted.

Medical Examiner: On the basis of exemination and/or invastigetion, in my opinion, death occurred at the time, dete and piece, and due to the causa(s) and mannar stated. Medicai 29a. Certifier (Check only one) 29b. Signature and titla of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) herry MD 30. Nama and eddress of person who complated ceuse of deeth (Itam 23a) (Type, Print)

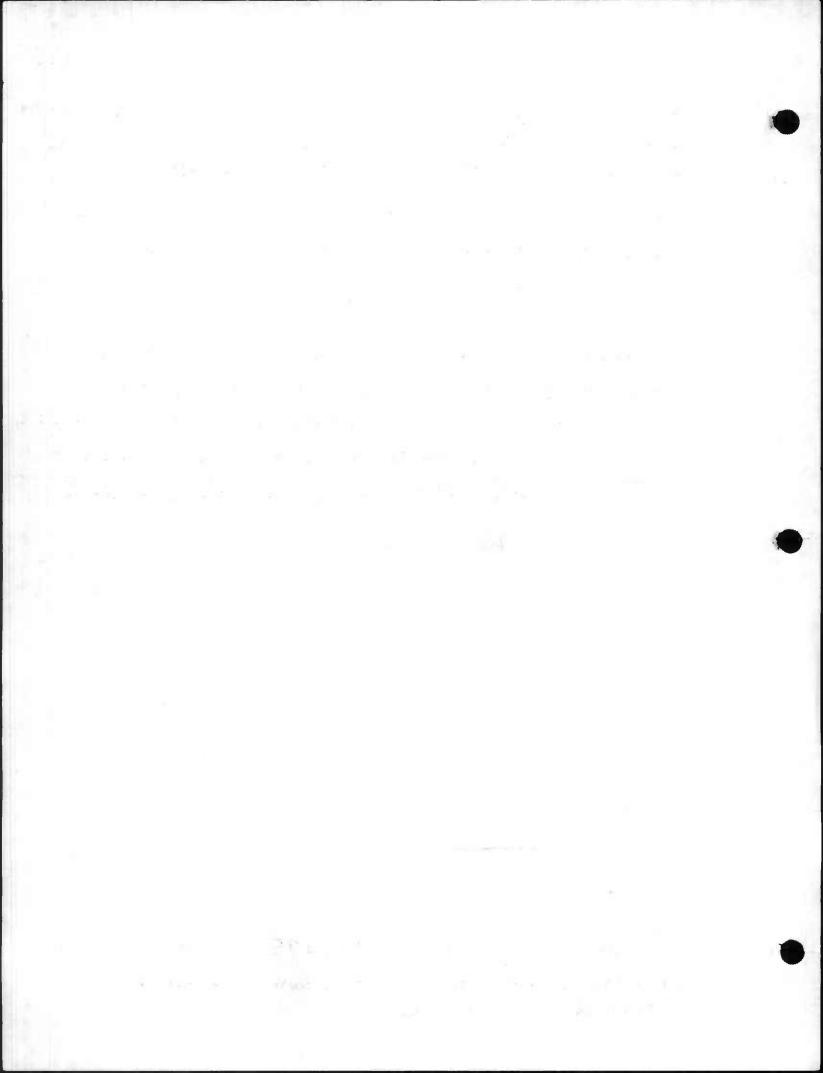
32. Registrar's Signetura.

Shock Trawing Center 22 South Greene Street

DHMH 16 Rev 6/95

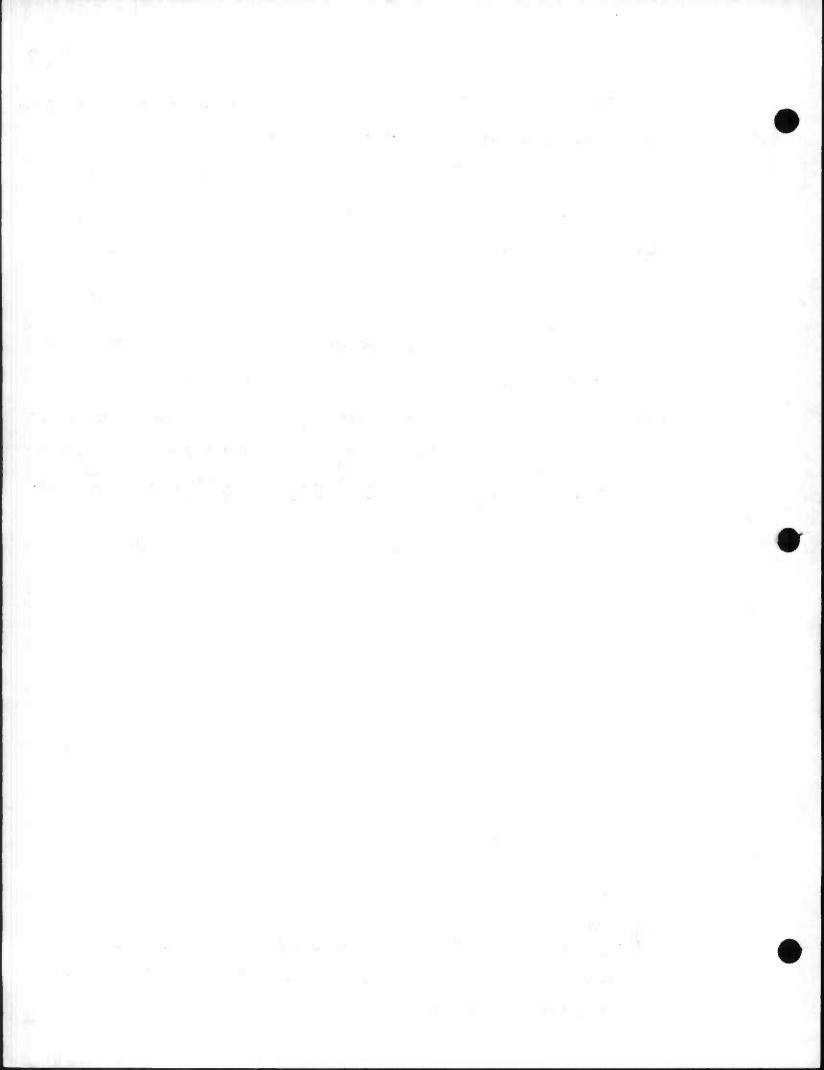
State Registrar Robert Cherry, MD

31. Date tiled (Month, Day, Year) DEC 3 0 1996



State of Maryland / Department of Health and Mental Hygiene

						C	ertifica	te of	Death			Reg. No.	20	03	441
ľ	Physic	ian	1. Decedent's Name (First, Mid	ldle, Last)		222					2. Date of De Month	ath Dev	Year	3. Tim	e of Death
J	/Medi		HENRIETTA			DRRY					DECEM	BER <sup>°</sup> 2	7 199	96 1	0:00pm
4	Exami	ner	4a. Facility Name (If not institut								ocation of Death		inty of Death		
Ш	[U % L		GREATER BA 5. Social Security Number	LTIMORE 6. Sex	_	ICAL CE		r 1 Yaar	TOWS		To Date of Bird	_	TIMOF		
40	Funeral Director		246-48-8651  Usual Residence of Decedent	1 M 2 M F		85 Yrs.	Months		Hours	Min.	8. Date of Bir (Month, De 11/24)	1911	N •	Caro	olina
	land		10a. State 10b. Coun	ty	1	10c. City, Town or	Locetion							10d. Insid	e City Limits
	he Mary 28a-f sh	ector		N/.A		Bal	timor								/as 2□No
	23a or 3	Funeral Director	3106 North	way Driv	e		101. 21	Code 21	214			10g. Citizen	U.S.A		
020	d within 72 hours after death with the Maryland plene, "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by	11. Marital Status  1 □ Naver Marriad 2 □ Ma 3 □ Widowed 4 □ Divorce	arried 1 Yas	Forces? s 2 <b>⊈N</b> o Give	er in U,S.	3. Was Dece If Yes, spo 1  Yes				acity Yes or No Ricen, etc.)		Rece - Amerl Black, White ocify:		
5-0	72 ho natur	eted	15. Decede	ent's Educetion	d)	16a. De	pedent's Usi ve kind of w b. DO NOT i	al Occup	oation during mos	t of work	ina	16b. Kind o	f Business/Ir	ndustry	
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Maryland 21215-0020	중 를 D >	To Be C	17. Father's Name (First, Middle Daniel Hen)		a						e (First, Middle, eth Mcl		neme)		
	alth alth 27 is tra		19a. Informant's Name/Relation James McNeil								re., Ba				21214
Baltimore,	o o o		20a. Method of Disposition  1  Burlal 2  Cramation  4  Donation 5  Other		m Stata	20b. Piace of Discematery, c	remetory or	othar ple	ca)	1	Date 1/4/97	20c. Location	on-City or T Sprin		
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Box 68760,	eeth certificete be executed ettending physician and for use es the bunal-transit	ician/Medicai Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	6. At	per-1	sclerosis la to (or as a cons ension la to (or as a cons	equance of)		chales	etero	-lemix			25	
O. B	the deeth y the etter sched for u	ysici	Part II. Other significant condit	tiona contributing to	death but	not resulting in the	underlying	ceuse giv	en in Part i		23b. Dld 1	obacco use	contribute t	o the cau	se of death?
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Vital Records,	been s	Completed b	Recurrent p	ancreatiti	1'5							an autopsy med?	a\ cc	ere autop vailable prompletion death?	sy findings for to of ceuse
Ä	0 - 5	mo	Coronary her	at disea	30						101	res 200 No	1	□Yes	No
ita	ysiclan: The s certificate director, pag	Be	25. Was case referred to medic examiner?	el					26. Piece	of Deet	h (Check only o	ne)			
o = <	ysic lis ce dire	70	1 Yes 20 No	Hospitei:	Inpatient	2 ER/Outpet	ient 3 D	Oth Oth	ner: 4□ Nu	ırsing Ho	me 5 Resid	lence 6 🗆	Other (Speci	fy)	
onol	D THE STREET								_	y Home 5 ☐ Residence 6 ☐ Other (Specify)  28d. Describe how injury occurred					
Division		Certification:	3 Suicide 6 Could deter	mined 286, Plet	ce of Injury Iding, etc. (	- At home, farm, 'Specify)	street, factor	y, office			28f. Location (5 City or Tov		mber or Run	al Route I	vum <i>ber</i> ,
	To the Hospi within 24 hour To the Funition	29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  20 Medical Examiner: On the basis of examination and/or investigation, in my and manner stated.			et the tir , In my c	me, dete an opinion, dea	d place, th occur	and due to the ored at the time,	ceuse(s) and date and plac	menner es s ce, and dua t	stated. o the ceu	se(s)			
	within 2 To the	×	29b. Signature and title of certif	er			29	c. Licens	a numbar			29d. Data sig			
	1		Martin	notes.	^	ND		D-1	495	7		12-2	8-96		
	P		30. Name and address of person	- 6 -	L, my	>	709 H			,	Baltim	ore,	md,	2123	+
	Sta Registi		31. Dete filed (Month, Day, Yeal DEC 3 0	1996	Registrar's	Signature Davidson-R	mobile"								



Item11

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

									Death		Reg. No.	16	39448
п	Physic	ian	Decedent's Neme (First, Middle,							2. Dete of 0 Month	Deeth Day	Year	3. Time of Death
	/Medi		JEROME	1	CK	ER				DECE	MOER 2	6,96	5:55 AT
3	Exami	ner	4a. Facility Name (If not institution,						4b. City, Town, or L				
			NORTHWEST	HOSPITA	4 0	- E 4	TER	_	RANDA	LLSTO	min B	ALT	IMORE
	Funeral Director	-	218-10-6288	. Sex 7. A	ge (In yrs. la 89		y) If Unc Month	er 1 Yea s Days		(Month, I	Birth Dey, Year) 5, 1907	9. Birthpi Count , MAS	ece (State or Foreig lry) S.
	pu *		Usual Residence of Decedent  10a. Stete 10b. County		10c. City,	Town or	Location					Lan	
	Se-f show	ctor	MD BALTIM	ORE	Too. City,	TOWN OF		RANDA	ALLSTOWN			10	Dd. Inside City Limits
	th with the	Funeral Director	10e. Street and Number 3530 RESOURCE D	R. APT. 2	33		10f. 2	Zip Code	21133		10g. Citizen of U.S.		ry?
020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show pacal Examinet must be notified at	by	11. Maritel Stetus  1 Never Married America  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	?	5. 13			Hispenic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yes or for Rican, etc.)		14. Rece - American Indian, Bleck, White, etc.  Specify: WHITE	
15-0	filed within Hygiene. ther then " int, the Me		15. Decedent's (Specify only highest	ade completed)		(Gh	edent's U:	vork done	e during most of worl	king	16b. Kind of B	usiness/Ind	ustry
212			Elementery/Secondery (0-12)		College (1-4or 5+)  DELI MAN  FC					OD			
Maryland 21215-0020	should be filed v ind Mental Hygie marked other ti umatic event, ti	To Be	17. Fether's Neme (First, Middle, La ISAAC	st)		TU	CKER		18. Mother's Nem		ie, Meiden Surnar		INSTEIN
an	2 should and Mer ie merke		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Me	iling Addre	ss (Stree	et and Number or Ru	ral Route Num	ber, City or Town	, State, Zip	Code)
	s 1 and 2 f Health tem 27 is other tra		LOUIS TUCKER /	BROTHER	200				LY LANE #3				
Baltimore,			20a. Method of Disposition  ↑ Burial 2 □ Cremetion 3  4 □ Donation 5 □ Other (Spe		COI	metery, cr	position (A em <i>atory</i> o	r other pl		Dete L2/29/9	20c. Location  5 DUNDA	- City or Tov	
Balt	permit. Page Department of Important: If I any injury or once.		21. Signeture of Funeral Service Lie	Lun	1				ress of Facility SOI sterstown		SON & BR		
	Physician		23a Part. Enter the disease, or contact, or heart feilure. List or	mplications that sause ly one cause on each	d the death. ine.	Do not e	nter the m	ode of dy	ring, such as cardiac	or respiratory	arrest,		Approximate Interval Between Onset and Death
	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting in deeth)	a	PN	EU	10	15	A				3 OA /.
	n 2	ner			Due to (or	es a cons	equence o	f):					
o,	ificete be executed g physician and as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to (or	es a cons	equence o	f):					
68760,	E 0 6	Medical	that initiated events resulting in death) Last	с.	Due to (or e	es e cons	equence o	·):		_			110
Box	death cert	Physician/N		d									
0	the d	ıysı	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.  23b. Did tobacco use contribute										
<b>a</b>	es that the de igned by the e be detached i	by Ph										ably 4 ⊠Jenknow	
sion of Vital Records,	\$ 5 B	24e. Wes en eutreperformed?											
a B	ate h									10	Yes 2₽No	10	lYes 2□ No
Z.	Physicien: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?	Hoonital: -					28. Place of Dea	th (Check only	one)		
JC	0 0	2	1□ Yes 2☑ No	Hospitei: 1 Inpati		R/Outpati		JOA		ome 5□Re	sidence 6 □Ott	ner (Specify	)
ion	After After	cation:	27. Menner of Death  1 ☑ Netural 5 ☐ Pending  2 ☐ Accident investigat	28e. Date of Injury (Month, Date)		28b. Time Injury			ury et ork? □ Yes 2 □ No	28d. Describe	e how Injury occur	rred	
S	deat deat ctor: y the	2	3 ☐ Suicide 8 ☐ Could not	be 28e. Plece of In	iun, At hon	no form	troot fact	ny office		28f Location	(Street and Numi	her or Rumi	Route Number

vithin 24 hours after do the Funeral Direct completely filled in by

4 Homicide building, etc. (Specify) 29e. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner steted.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

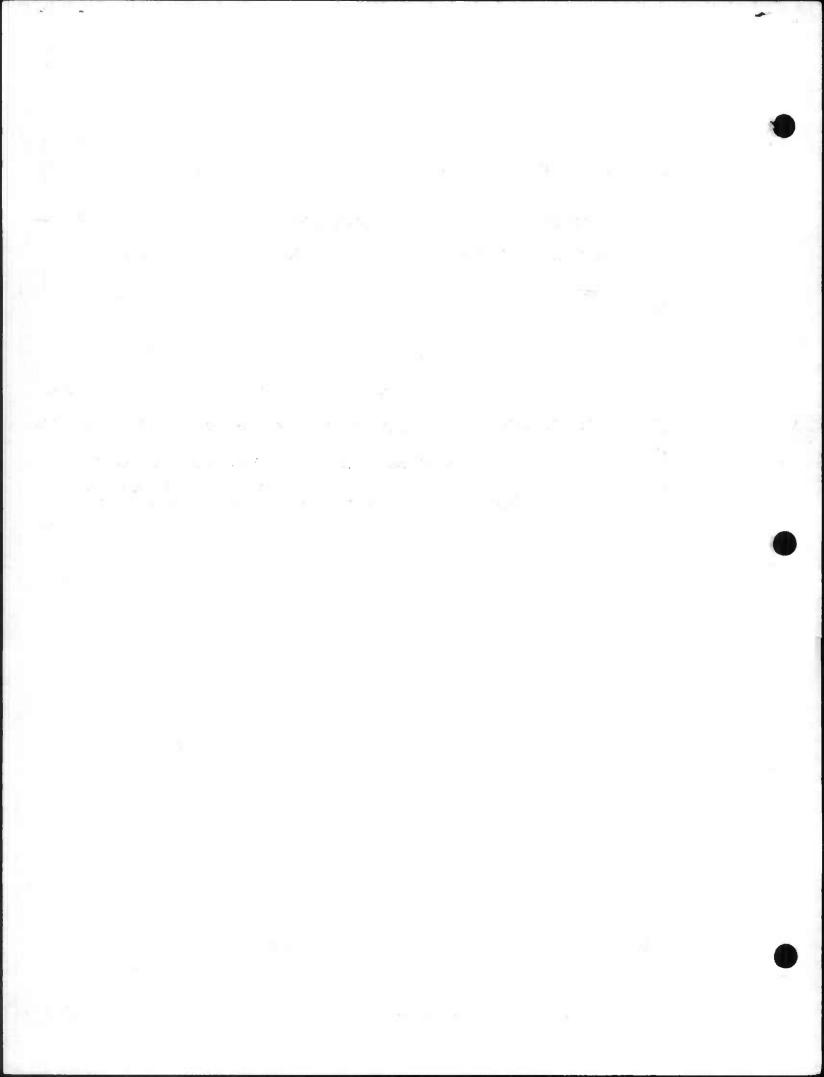
DECENDER 26,96

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

1. S. RAO. TI. O. NORTH WEST HOSPITAL CENTER, RANDALLSTOWN 31. Date filed (Month, Dey, Year)

State Registrar

Registrar's Signature DEC 3 0 1996



State of Maryland / Department of Health and Mental Hygiene

29d. Data signed (Month, Day, Year)

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Tima of Death **Physician** Month Vaar CLEMENT CHARLES ULBINSKY 8:35 P.M. DECEMBER 22, 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 135 N. SYMINGTON AVENUE CATONSVILLE BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) | DEC . 9 , 1910 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1 M 2 □ F PENNSYLVANIA 218-01-1546 86 Yrs Director Usual Residence of Decadent the Marylend r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yes 2 No Director N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7 is marked other than "natural", or items 23a or traumatic event, the Madical Examiner must be a 4918 CEDAR GARDEN ROAD U.S.A. 21229 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 72 hours after 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 à Specify: WHITE 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry e filed within 7 el Hygiene. Elamentary/Secondary (0-12) Collega (1-4or 5+) 6TH GRADE CRAIN OPERATOR BETHLEHEM STEEL permit. Pages 1 and 2 should be file Department of Health and Mentel Hy, Important: If item 27 is marked oths any Injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) CHARLES ULBINSKY URSULA SCHOTCUSKY 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MARY P. HEDRICK (FRIEND) 135 N. SYMINGTON AVENUE - CATONSVILLE, MD. 21228 20b. Placa of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata № Burial 2 Cramation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) GARDENS OF FAITH CEMETERY 12/26 BALTIMORE 21. Signature of Funeral Service Licens 22. Name and Addrass of Facility HUBBARD FUNERAL HOME, INC. ranno 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Part J. Pinter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shool or heert feilure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immadiata Cause (Final a. CARDIO PULMONARY ARREST

Dua to (or as a consequence of): disaasa or conditior rasulting in death) Examiner Examiner Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disaasa or Injury and HYPERTENSION

Due to (or as a consequence of): Box 68760. physician Physician/Medical 2 that initiated avents resulting in death) Last # 927 Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the causa of death? Records, P.O. KYPHOSCOLIOSIS OF SPINE, 1 Yes 2 No 3 Probably 4 Unknown by DEGENERATIVE JOINT DISEASE OF 24a. Wes an autopsy performad? 24b. Were autopsy tindings available prior to completion of cause of death? Completed RT. HIP + SPINES, THATAL HERNIA 1 Yas 2 No of Vital 25. Was casa rafarred to medical axeminar? Be 28. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) Medical Certification: To 27. Menner of Death 28a. Deta of Injury (Month, Day Year) 28h Time of 28c. injury at Work? 28d. Dascribe how Injury occurred 5 Pending 1 Natural 1 Yas 2 No invastigation 2 Accident 6 Could not be datamined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide 1 Certifying Phyeician: To tha best of my knowledge, deeth occurred et the time, deta end place, end due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier (Check only one) 24 within 2 To the 8 å

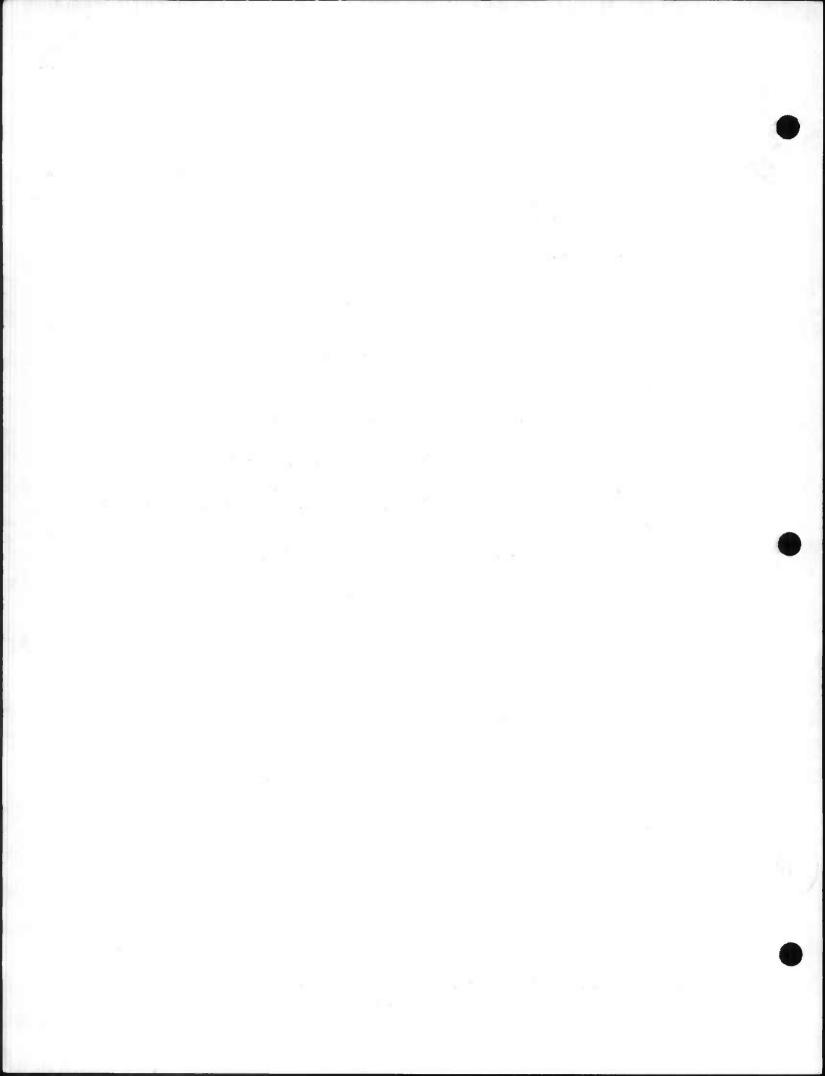
State Registrar 29b. Signetura and titla of cartifier

Loonju linin, Mis 30. Nama and address of person who complated cause of deeth (Item 23e) (Type, Print)

DR. SOON JA KIM - 5808 MAIN STREET - ELKRIDGE, MARYLAND

1. Deta filed F. 377 1996

29c. Licansa numbar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death VARSUBSKY ARTHUR DECEMBER 2 Day 24 1996 **Physician** 2:15 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RANDALLSTOWN BALTIMORE NORTHWEST HOSPITAL CENTER if Under 24 Hrs. B. Data of Birth (Month, Day, Year) OCT • 9, If Undar 1 Yaar 7. Aga (In yrs. last birthday) 5. Social Sacurity Number 6. Sex 9. Birthplaca (Stata or Foraign **Funeral** Days 1₩M 2□ F 1909 MARYLAND 87 Yrs. Director 218-12-7296 Usual Rasidence of Decedant the Maryland 10a Stata 10b. Count 10c. City, Town or Location 10d. inside City Limits r 28a-f show show 1 Yas 2 XNo Director BALTIMORE MARYLAND BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? Item 27 is marked other than "natural", or items 23s or other traumatic event, the Modical Evaniener must be a 21215 USA 6938 MARSUE DRIVE, APT. T-3 Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: by 3 X Widowad 4 ☐ Divorced WHITE "natural". Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 18b. Kind of Business/Industry al Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) VENDING MACHINES PROPRIETOR 8 permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic avera-17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Maidan Surnama) VARSUBSKY MINNIE STATTER ISAAC 19a. tnformant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. CHARLOTTE STRAITMAN (DAUGHTER) 2514 SUMMERSON ROAD BALTO., MD 21209 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 € Burial 2 Cramation 3 Ramoval from Stata ARLINGTON-CHIZUK AMUNO 12-27-1996 BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) Tag 22. Nama and Address of Facility & BROS., INC. 21. Signature of Funaral Sarvice Licenses 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immedieta Ceusa (Finai DAY diseasa or condition rasulting in deeth) Examiner **bunel-transit** the death certificate be executed Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated avents rasulting in death) Last pue Dua to (or as a consequence of): physician es the buriel-Box 68760. Physician/Medical Dua to (or as a consequance of): attending ò P.O. Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 PUnknown Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peed has page 2 certificate 2 2 No 1 ☐ Yas 21 No of Vital Hospital or Attending Physician: 24 hours efter death. 25. Wes case rafarred to medical Be 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 2 ER/Outpatient 3 DOA this 27. Menner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? Division After 1 Natural 5 Pending invastigation 1 Yas 2 No 2 Accident Director: 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicida in 24 hour.
The Funeral Directory filled in 1 Certifying Phyeician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a. Cartifian 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. To the To The Comple 29b. Signature and title of ourtifier 29c. Licansa number 29d. Data aigned (Month, Day, Year) DECEMBER 24 1996 SYOI OLD COURT ROAD 30. Name and address of person who complated cause of deeth (Item 23a) (Type, Print) THOMAS GEORGE, NORTHWEST HOSPITAL CENTER LANDALLS TOWN 21133 31. Data filed (Month, Dey, Year) Registrar's Signeture State Was Saidson 1

**DHMH 16 Rev 6/95** 

Registrar

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State of Maryland / Department of Health and Mental Hygiene O.C.

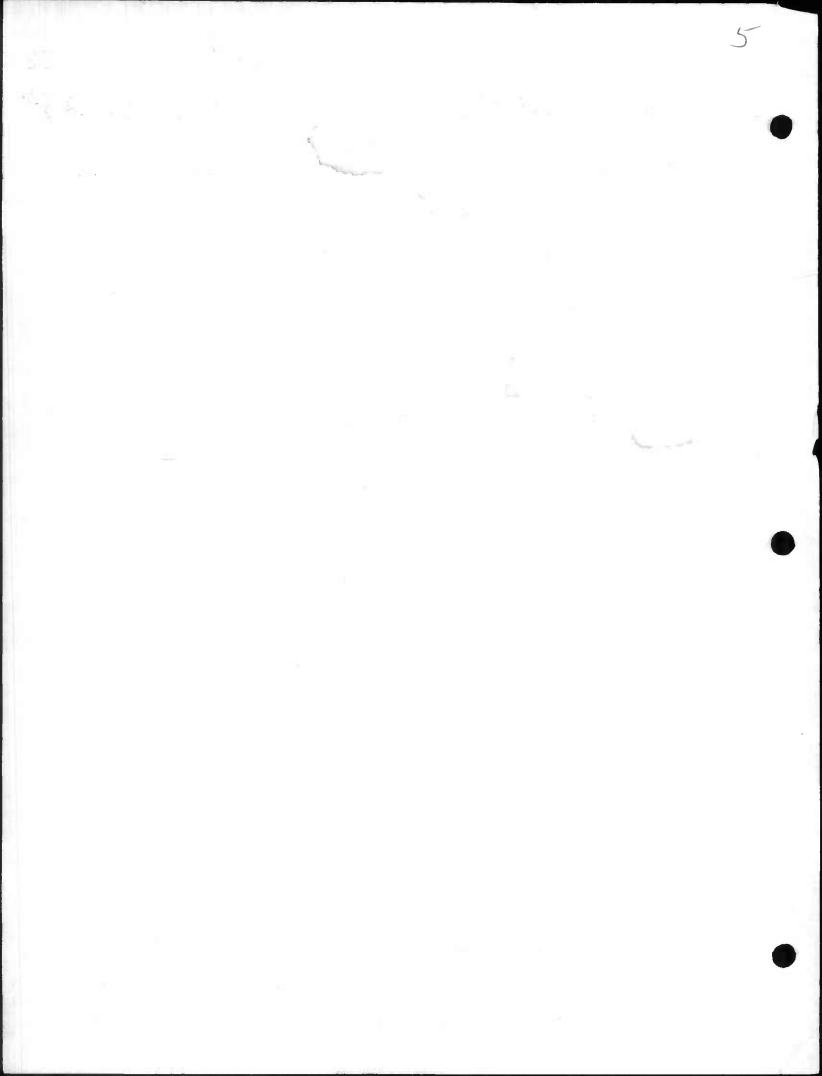
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State of Maryland / Department of Health and Mental Hygiene 39452 Certificate of Death 3. Time of Death 1. Decement's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** a /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner Baltimore Franklin Woods Nursing Home Rossville ff Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Yeer 5. Sociei Security Number 7. Age (in yrs. last birthdey) Birthplaca (Stete or Foreign Country) **Funeral** Deys 1□M 2√F 213 74 2159 98 Yrs Director 07 16 98 Nicaragua Usuei Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Modical Examiner must be notified at Md. Baltimore Essex Yes 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8620 Kelso Drive Apt. D-409 21221 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specity Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If tem 27 is marked other than "natural", or itea any injury or other traumatic event, the Head call Exertine 2008. 1 Never Merried 2 Merried Yes 20 No Yes, Give Yeer or Detes: Specify: White Specify: Nicaraguan Baltimore, Maryland 21215-0020 1 № Yes 2 🗆 No g 3 ₩ Widowed 4 Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) At Home Housework Unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Frank Rioz Blanca Rose 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Lola Grace Weber, Daughter 2117 Sunnythorn D Road Balto, Md. 21220 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 DBuriel 2 Cremetion 3 Removel from Stete Balto., Md. Baltimore Natioinal Cem. 12-27-96 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility Charles S. Zeiler & Son Inc. 6224 Fastern Ave. Balto., Md 23a. Pert1. Enter the disease, or compiloations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory shock, or hear feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medicai Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be asscuted burial-transit Sequentieily list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of) P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or es e consequence of): signed by the a Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 2 0 No 3 Probably 4 Unknown 1 Yes Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24e. Was en autopsy performed? page 2 s certificate 1 Yes 1 Yes 2 No Division of Vital il or Attending Physician: after death. 25. Was case referred to medical examiner? Be 28. Plece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA After this 28c. Injury et Work? 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Natural 5 Pending investigation s after death.

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d in by the fur 2 Accident 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pieca of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Hospital of 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) end manner es steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner stated. 29e. Certifier To the Hor within 24 h To the Fur 29b. Signature and fitte of certifier 29c. License number 29d. Dete signed (Mopth, Day, Year) 30. No. ne and address of person who completed cause of death (Item 23e) (Type, Print) 0 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State DEC 3 0 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Mary Catherine Welling Dec. 27, 1996 4 p.m. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 231 Chartley Drive Reisterstown Baltimore 8. Data of Birth (Month, Day, Year) June 11, 1930 5. Social Sacurity Number If Undar 1 Year If Under 24 Hrs 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country) Pennsylvania **Funeral** 1□M 2**X**F Days 66 198-22-4020 Yrs Director Usual Rasidance of Dacadant with the Maryland 10a State 10h County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MA. Baltimore Director Reisterstown 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zip Coda 10g Citizen of What Country? 6 231 Chartley Drive 21136 U.S.A. Nems 23a deeth Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 □ Yas 2 □ No If Yas, Giva Year or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black. White, etc. Pages 1 end 2 should be filed within 72 hours after in ent of Health end Mental Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural', or 1 Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elamentery/Secondery (0-12) Collaga (1-4or 5+) Hospital Registered Nurse 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumema) Be Frank McKelvev Florence Grazio 19e. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) .09 nt of Health e If Item 27 is or other tra John R. Welling Husband 231 Chartley Drive, Reisterstown, Md. 21136 20b. Placa of Disposition (Nama of comatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from Stata Important: I eny injury o Dulaney Valley Memorial Gar. 12/31/96 Timonium. Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fungral Sarvice Licansaa 22. Nama and Address of Facility Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md. 21117 a disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, tfailure. List only one cause on each line. 23a. Part1. En Entar ty Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaasa or condition rasulting in death) Examiner Due to (or as a consequence of): Examiner The lew requires that the deeth certificate be executed the burial-transit Sequantially list conditions, if any, leeding to immadiate causa. Enter Undarlying Causa (Disaasa or Injury that initioted avants resulting in daath) Last Due to (or as a consequence of): P.O. Box 68760, physician Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, p page 2 should be Completed 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 Yes 2000 Division of Vital or Attending Physician: director, 25. Was casa rafarred to medical Be 26. Piece of Daath (Check only ona) 1 Yas 2 N 2 Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA this in by the funeral Certification: 27. Manner of Death 28d. Dascribe how Injury occurred 28b. Time of 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? After 1 Naturel 5 Panding invastigation s efter death. death. 1 ☐ Yes 2 No 2 Accident 3 Suicida 6 ☐ Could not be detarmined 28a. Place of Injury - At homa, farm, street, fectory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 4 Homleide To the Hospital of within 24 hours of To the Funerel D Medical 29e. Certifian 1 Certifying Physician: To tha best of my knowladga, deeth occurred at the time, date and placa, and due to the ceusa(s) end manner as steted.

2 Medical Examinar: On the basis of axeminetion and/or investigetion, in my opinion, death occurred at the time, dete and placa, and dua to the ceusa(s) and manner stated. (Check only 29b. Signature and title of certifier COU 29c. License numbar 29d. Date signed (Month, Day, Year) Raven Blud, Baltimore, MD 21239

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State of Maryland / Department of Health and Mental Hygiene

39454 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** December 24 Theodore Wdzieczny 10:00 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 2233 Seneca Road **Fssex** Baltimore 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth **Funeral** Months 1**№** M 2□ F Deys Hours Yrs. 216-01-2178 83 Director Nov. 5, 1913 Maryland Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland Baltimore 1 ☐ Yes 2 No Director Essex 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò U.S.A. 2233 Seneca Road 21221 or items 23a death Funeral 11 Marital Statue 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien Bleck, White, etc. filed within 72 hours after I ☐ Yes 2**X** No If Yes. Give 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: 2 White 3 Widowed 4 Divorced Year or Dates natural', Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Inspector Auto Manufacture 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be fill ment of Health end Mental Hant: if Item 27 is marked out Be Peter Wdzieczny Rose Nowak 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2: Department of Health er Important: if Item 27 is any Injury or other trau Theodore H. Wdzieczny (son) 330 Maple Avenue Essex, Md. 21221 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Burlel 2 Cremetion 3 Removel from State 12/28/1996 Baltimore, Md. Holy Rosary Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licenses 22. Name and Address of Fecility

Bruzdzinski Funeral Home P.A. Essex, Md. 1407 Old Eastern Avenue 23a. P. n.1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediete Ceuse (Final diseese or condition resulting in death) /Medical Examiner Due to (or es e consequence of) Examiner cartificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest physician and s the buriel-tran Due to (or es e consequença of) Box 68760 Physician/Medical Due to (or es e consequence of) 98 for use es P.O. 1 ed by the a Part II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 2 No 3 Probably 4 Unknown Records, been signe should be þ The law requires 24b. Were eutopsy findings evaileble prior to Completed 24e. Wes en eutopsy completion of cause of deeth? hes pege 2 certificate 1 Tyes 2 No 1 Yes 20 No Vital Be 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 ☐ inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2X No 2 ER/Outpetient 3 DOA of this 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation Injury 1 | Yes 2 | No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner es steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the ceuse(s) end menner stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the ceuse(s) end menner stated. Medical 29a. Certifier (Check only one) 24 within To the 29b. Signature and title of certifier 29c, License number 29d. Dete sighed (Month, Pey, Year) wys 30. Name end eddress of person who completed gase of death (Item 23e) (Type, Print) Paul Valle M.D. 1012 Old North Point Road Dundalk ,Md. 21222 31. Dete filed (Month, Day, Year) Registrer's Signeture uta Savidson-Randall

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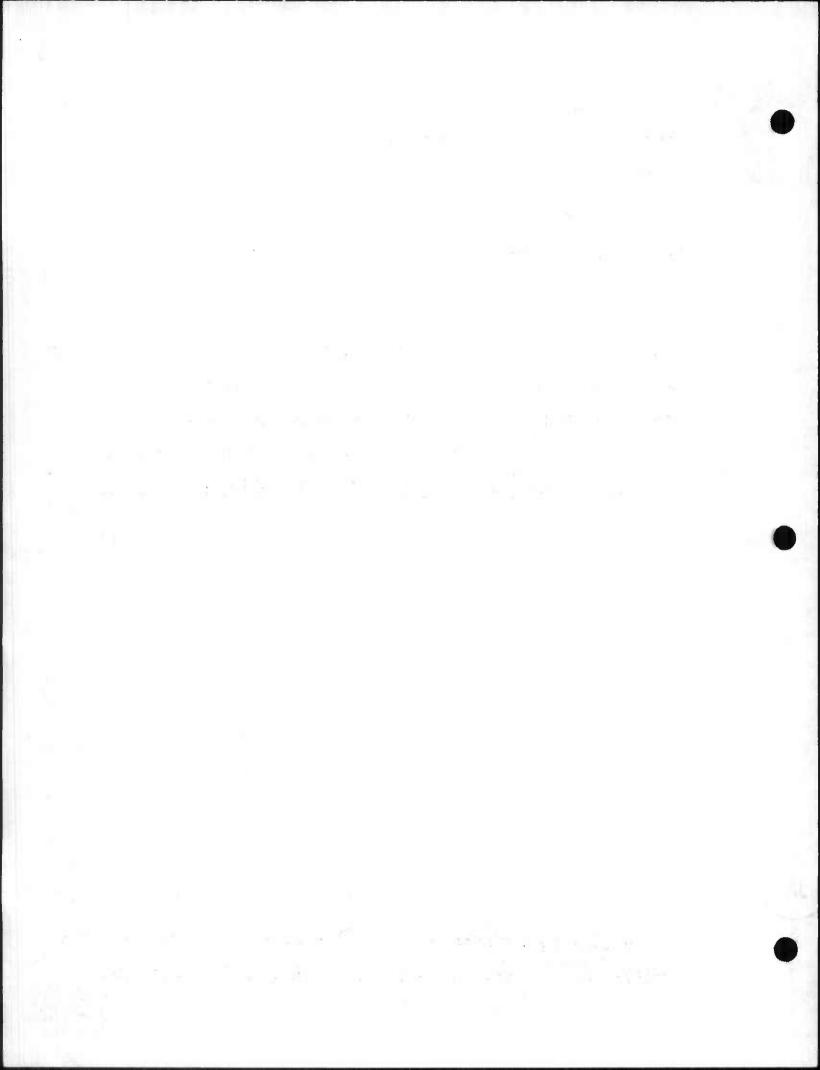
State of Maryland / Department of Health and Mental Hygiene

39455 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death Month Year **Physician** CHARLOTTE DECEMBER 27, 195L WILLIAMS 4:33 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE HOSPIME CENTER RANDALLS TOWN MONTHWEST If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Mantha Dave Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1 M 2 XF Months 218-52-4322 Yrs **Director** Sept. 23,1940 Usual Rasidance of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23a or 28a-f ahov traumatic event, the Modical Examiner must be notified at NA 1 Yes 2 No more. Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 307 21208 AZO Funeral deeth 13. Wes Decedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Merital Status Was Decedant Ever In U.S. Armed Forces?
1 ☐ Yas 2 X No
If Yas, Give
Yaar or Datas: Bleck, Whita, etc. 2 should be filed within 72 hours after ond Mental Hygiene.
Is marked other than "natural", or ite 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced ack Completed 15. Dacedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Cashier 154 18. Mothar's Nama (First, Middle, Malden Surname) 17. Fathar's Nama (First, Middle, Last) Sylvia Madden ZINNOZ 1050NOC 19a. Informant's Name/Rajationship (Type, Print) Husband 7307 Campfield 19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum once. Road HERMAN W (to. 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 DBurial 2 Cramation 3 Removel from Stete Randalls town, nd 2-97 4 ☐ Donation 5 ☐ Other (Specify) Park remoria 22. Name and Address of Facility Margh Funeral Hame West 21. Signatura of Funaral Service Licensee marack. md. 21215 Ang. Enter the doese, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, or heart feiture. List only one cause on each line. turns 1300 Wabash **Physician** Immediate Causa (Final diseasa or condition rasulting in daath) /Medical Y EMUS METASTATIC BUGAST Examiner Dua to (or as a consequence of) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Lest Due to (or as a consequence of): certificate be Physician/Medical Due to (or es e consequance of): 88 980 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably ⊅SUnknown of Vital Records, by 24b. Wara autopsy findings Completed 24a. Wes en autopsy performed? available prior to completion of cause of death? page 2 certificate has 2800 1 Yas 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical examinar? Be 28. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 9 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient → DOA this Imeral 27. Mannar of Death 26a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Attor sion 5 Panding Invastigation Natural 2 Accidant 1 ☐ Yas 2 ☐ No 6 Could not be datermined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, ferm, street, fectory, office building, atc. (Specify) 4 Homlcida b Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifian Medical (Check only one) 29b. Signature and othe of perpiter 29c. Licanse number 29d. Dete signed (Month, Dey, Year) No. MO PECEMBER 27 1986 of person who completed causa of daath (Itam 23a) (Type, Print) HOSPIME CENTER NONTHUEST 32 Registrar's Signature State rue Davidson-Randell Registrar

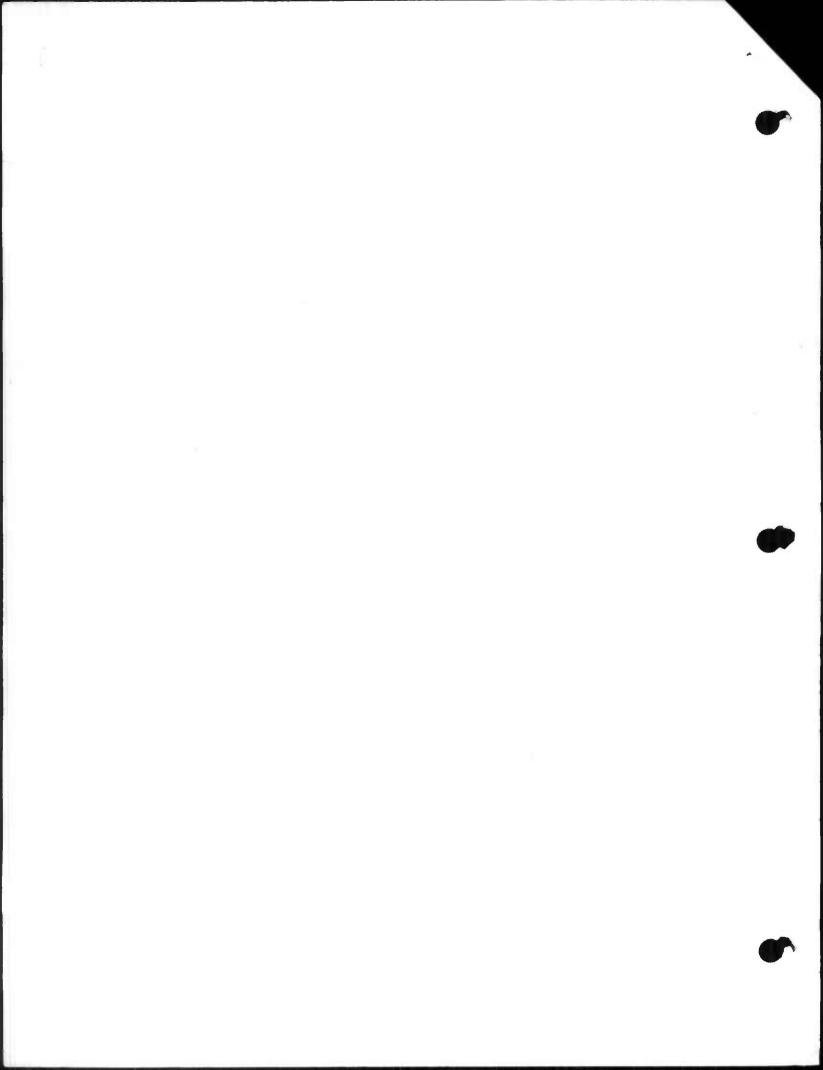
State of Maryland / Department of Health and Mental Hygiene 96 39456

_			La Donata de Nama (Sina Asia				ificate of	Death	R	leg. No.		3430
	Physic	an	1. Decedent's Name (First, Mid	-23:01:-1					2. Date of Dea Month	Day 22, 19	Year	3. Time of Death
я	/Medl		Louise Thom						DEC.			3:00 PM
×	Exami	ner	4a. Facility Name (If not instituti					4b. City, Town, or L		4c. County		
			Bel Forest Nur					Forest			ford	
	Funerai Director		5. Social Security Number 212-74-2767 Usual Residence of Decedent		Age (In yrs. last I 39		If Under 1 Yeer Months Days		8. Date of Birth (Month, Dey AUG 2,	1907	Coun	lace (Stete or Foreign try) 'LAND
	and		10a. Stata 10b. Coun	ty	10c. City, To	wn or Loca	tion				1	0d. Inside City Limits
	with the Maryland or 28a-1 show be notified at	Director		FORD	MON	KTON						1 ☐ Yes Ş ☐ No
	or 2	Olre	10e. Street and Number				10f. Zip Code		1	l0g. Citizen of W	hat Coun	itry?
	23°	Funeral	3360 JARRETTSV	ILLE PIKE			2111	1		U.S	.A.	
21215-0020	urs a		11. Maritai Status 1 ☐ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	If Vac Give	s? Į No		is Decedent of I es, specify Cub	Hispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	No- 14. Raca - American India Black, White, etc.  Specify: WHITE		etc.
5-0	72 ho	Completed	15. Decede	ent's Education	16	a. Deceder	nt's Usual Occu	pation during most of work d)	king	16b. Kind of Bu	siness/Inc	dustry
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P	he filed tal Hygi d other	Be	17. Father's Name (First, Middle	a, Last)				18. Mother's Nam	ne (First, Middle, i	Meidan Sumemi	a)	
Maryland	2 should be and Mental s marked o aumatic eve	To	ANTONIO TOMAS	AUCKAS				CAROLINA	LESAUKA	AS		
ary	d 2 should th and Mer 7 is marke traumatic	_	19a. Informant's Name/Ralation	nship (Type, Print)	19	9b. Mailing	Address (Stree	t and Number or Ru	ral Route Number	r, City or Town,	Stete, Zip	Code)
	27 and		LYNN SMITH (F	RIEND)	3	360 J	ARRETTS	VILLE PIK	E - MONE	KTON.MD	211	11
ē,	_ + 5 5		20a. Method of Disposition		20b. Piaca	of Disposit	ion /Neme of			20c. Location -		
Baltimore,	permit. Pages 'Department of Inportant: if ite any injury or ot once.		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	(Specify)	10	PEAKE	tory or other ple CREMAT	ORY 1	2/27	BELTSVI	LLE	
Bal	Depariment Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department Department		21. Signature of Fundral Service	e Licensea	La	HUB	BARD FU	ess of Facility NERAL HOM NS AVENUE	E INC.	DE MD	212	
	_		23a. Part1. Enlar the diseasa, shock, or heart failure. Li	or complications that caus	sed the de th. D	not enter	the mode of dvl	ng, such as cardiac	or respiratory arr	ast.	212	Approximate Interval Batween
	Physician		shock, or heart failure. Lis	at only one cause on each	line.						i	Intarval Batween Onsat and Death
9	/Medical		Immediate Cause (Final				111	>				of roots
1	Examiner	P.	disease or condition resulting In death)	a			uro.	sepsis				Tweens
		9			Due to (or as	a coppoque	ince of):		0 .			dunel.
	bed from	Examiner		b	-	M	alski	sepsi s	eybis			tweeks tweeks
	be executional clan and burial-tran	хаг	Sequentially list conditions, if any, leading to immediate		Due to (or as	conseque	nce of):	-	l for	7		1. 0
60			Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated evants	<b>2</b> o		Chr	note	renor	( for	une	i	tweeles
68760,	atte of the	edical	that initiated evants resulting in deeth) Last	1	Due to (or as a	conseque	nce of):	,	0	1		
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Box	death cer e attendir id for use	lan		-								
	y the a	Physician/N	Part II. Other significant condit	ions contributing to death	but not resulting	in the unde	erlylng causa gi	van in Part I.	23b. Did to	obacco use con	tributa to	the cause of death?
P.0	d by etac	Ph	Posses	Was ent	$\checkmark$				1 🗆 Y	08 20 No	3 Prof	bably 4 🗆 Unknown
	2 5.2	by	The way	in fair	/				-	/		
Vital Records,	w nequires been sign should be	Completed	Con	gestine	Hear	it	Fout	nl	24a. Was a perform	n autopsy/ med?	ava	ere autopsy findings ailable prior to mpletion of cause death?
Re	The law ate has t page 2 s	d d	1/-10	i f	81-							
T			N VIII	- World					1□ Y	/	1 L	Yes 2□ No
5	D 98	Be	25. Was case raferred to medic examiner?	Hospital:			0	26. Place of Dea				
to	Physic of the call dir	2	1 ☐ Yes 2 No 27. Manner of Death	1 ∐ Inpa		Dutpatient	3LI DOA	4 ULNUISING H	ome 5 Reside			y)
sion of		Certification:	1 X Natural 5 ☐ Pend		Dey Year) 28b	. Time of Injury		rk?	28d. Describe h	ow Injury occurre	bd	
Sic	Attending r desth. ector: Alle by the fune	cat	Z L Mooidoin	stigation			M 1	Yes 2□No				
Sin Sin	- 100 Earlier	E I	3 ☐ Suicide 6 ☐ Could 4 ☐ Homlolda deter	mined 286. Place of I	Injury - At home, etc. (Specify)	farm, stree	t, fectory, office		28f. Location (Si City or Town		er or Aura	I Route Number,
0	apilal or yours after neval Dir	Cer										
1	8223	edical	29a. Certifiar (Check only one) 1 Certify 2 Medica	ing Physician: To the bes il Examiner: On the basis and manner:	of examination a	ga, daath o and/or inves	ccurred at the ti stigation, in my	me, date and place, opinion, death occur	and due to the c red at the time, d	ause(s) and mar late and place, a	nnar as si ind due to	tated. the cause(s)
	To the Within 2 To the comple	X	29b. Signature and title of sonit	se number	2	9d Date signed	(Month,	Dey, Year)				
	/		1 Perlas	Arvalo	uan	8	DI	6389		Dec:	24	1996
	15		30. Name and address of person	a who completed catise of	double	\ (Time P	int)			-	1	7/0
	10		PERFECTO	C. VALA	RAU, 1	U.D.	1716	Harfa	A Rd K	JA 106	FALL	1996 15700 100 4
	Sta Registr		31. Date filed (Month, Day, Yea.  DEC 3 0 1996	32. Recis	strar's Signature	الملك						



DIVISION OF VITAL RECORDS. P.O. BOX 68760

		1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	401
		1. DECEDENT'S NAME (First, Middle, Last)	OF DEATH P M
Pje		4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2 X F	
. 2, 3 should	СТОВ	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  PRESIDENCE OF DECEDENT	73EL
physician. burlal-transit permit. Pages 1,	DIRE	MD ANNE PRUNSE! GIEN BURNES	IDE CITY ITS?
an. transit pern	FUNERAL	16. STREET AND NUMBER 160'7 ANNAPOLIS DRIVE 101. ZIP CODE 21060 109. CITIZEN OF WHAT COU U.S.A.	NTRY?
	BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES  13. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No— If, RACE — American Processing Specify: WH  14. RACE — American Processing Specify: WH	icen Indian, itc.
vital or attending d for use as the	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)	
by the hospital be detached to at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, Middle, Melden Surneme)  UA  UA  18. MOTNER'S NAME (First, Middle, Melden Surneme)	
be retained ge 5 should e notified	TO BI	190. INFORMANT'S NAME (Type/Print)  ROSALINDE HARBIN - NIECE 16D7 ANNAPOLIS DR., GLEN BURNIE, MD. 2)	060
e 6 may rector, pa must b	-	20e. METHOD OF DISPOSITION  1	
death. F e funeral al.	) ) 	22. SIGNATURE OF PUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FINK FUNERAL HOT RAYMOND C.T. FINK FUNERAL HOT 426 CRAIN HWY., J.W., GLEN BURNIE, M.	NE 221061
icate be executed within-24 hours after obhysician and completely filled in by the prior to burial, cremation, or removal, or traumatic event, the medical e	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Disease Or Injury CAUSE (Diseas	proximata erval Between set and Death
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e law requires has been sign Dept. of Heali 1 23 shows	AN: W	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	3 2 NO
SICIAN: The certificate he the State [	PHYSICIAN:	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpatient 2   ER/Outpetient 3   DOA   4   Metaling Name 8   Residence 8   Other (Specify)	
F His F	ву рн	28. DATE OF INJURY (Month, Day, Year)  28. TIME OF INJURY WORK? 1 UYES 2 NO  28d. DESCRIBE HOW INJURY OCCURED	
OR ATTENDING DIRECTOR: After hours after death	ETED	28. PLACE OF INJURY — At home, farm, efreet, factory, office building, stc. (Specify)  28. PLACE OF INJURY — At home, farm, efreet, factory, office City or Town, State)	NOT,
成立です	COMPLETED	29e. CERTIFIER  (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner as stated.  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.	ner ea stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. DATE SIGNED (Month, DI  30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ey, Year)
		31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	OTRIE
		DEC 3 0 1996 Julia Savidson-Randsee	



State of Maryland / Department of Health and Mental Hygiene

39458 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Year Theresa ZIMMERMAN 3:35 P.M. December 26,1996 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center Rossville Baltimore If Under 1 Yeer if Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Deys 1□M XXF 219-28-2642 63 Yrs Director 9-16-33 MD Usual Residence of Decedent the Maryland 10e State 10b. Count 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show MD Baltimore Rosedale 1 ☐ Yes 2 ☑ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7800 Blue Grass Rd. 21237 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give A Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Marital Stelus Pages 1 and 2 should be filed within 72 hours after of and of Hauth and Mental thygiene.
Int: If tem 27 les marked other than "natural", or ites
Inty or other traumatic event, me Medical Essavine in yor other traumatic event, me Medical Essavine. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16e. Decedeni's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) 127 is marked other than "n T trsumatic evan Elementary/Secondary (0-12) College (1-4or 5+) Cashier Value Food 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Casimer Krysiak Marie J. Hojnowski 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Norman O. Zimmerman/husband 7800 Blue Grass Rd. Baltimore, MD 21237 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetery or other piece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Paga Department o Important: If any injury or once. Holy Rosary 12-30-96 4 □ Donetion 5 □ Other (Specify) Dundalk, MD 21. Sign ure Numerei Service Lice 22. Neme end Address of Fecility Cvach/Rosedale Funeral Home MA 1211 Chesaco Ave. Baltimore, MD 21237 23a. Pert1. Enter the disease, or complications that caused the feeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Betw Onsel and Deeth **Physician** /Medical tmmediete Ceuse (Final Peritonitis With Bacteremia diseese or condition resulting in deeth) 5 Days Examiner Due to (or es e consequence of) Examiner Cecum Perforated iclan and burial-transit The law requires that the death certificate be executed Sequentietly tist conditions, if eny, leeding to immediate cause. Enler Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of) usa as ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be datac 1 Yes 20 No 3 Probably 4 Unknown Liver Failure, Renal Failure Records, þ Completed 24b. Were autopsy findings aveileble prior to 24a. Was an autopsy performed? Adult Respiratory Distress Syndrome completion of cause of death? page 2 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director; I 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 X Inpatient 2 ☐ ER/OulpetienI 3 DOA 27. Menner of Deeth 28e. Date of tnjury (Month, Dey Yeer) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation Division 1 X Netural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital c within 24 hours at To the Funeral D completaly filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end placa, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner steted. 29a. Certifier Medical 29b. Signature and title of certific 29c. License number 29d. Dele signed (Month, Day, Year) amound R D 1904 December 26,1996 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Efrain Carrasquillo 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State ria Davidson Randolle Registrar DEC 3 0 1996



State of Maryland / Department of Health	and Mental Hygiene
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				State of Mary		Certificate of		, ,	eg. No.	96	39459
	Physic: /Medi		Decedent's Neme (First, Middle, Last,     MILDRED	) BUKER	E	BENNY		2. Deta of Deet Month	Dey	Yeer 1 <b>99</b> 6	3. Time of Death  1:10 PM
	Examir		4e. Facility Nama (If not institution, give William Hill Healt		ter		4b. City, Town, or Lo Cambri		4c. Count	of Death Dorche	ester
	Funeral Director		5. Social Security Number 6. Sa: 215-20-0197	7. Age (In 88	yrs. last birt	hday) If Under 1 Year Months Days		8. Deta of Birth (Month, Dev. Sept. 4	Year) 1908	9. Birthpl Count Mary	ace (Steta or Foreign ry) and
	he Meryland (8a-f show ottfied at	ector	MD 10b. County Dorches		c. City, Town	Cambridge				10	od. Insida City Limits
	th with the	Funeral Director	10e. Street and Number 104 Hiawatha	Rd.		10f. Zip Coda	2163	13	0g. Citizen of U.S	What Count	ry?
020	be filed within 72 hours after death with the Meryland tal Hyglene. I dother than "natural", or items 23s or 28s-f show avent, the Medical Exeminer must be notified at	þ	11. Meritel Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedant Evar Armed Forces? 1 Yes 27 No If Yas, Give Yaar or Detes:	in U,S.	13. Wes Decedent of I It Yas, specify Cub	Hispenic Origin? (Spen, Maxican, Puarto Specify:	ecify Yas or No- Rican, etc.)		ce - Amarica ck, White, e by: wh	
21215-0020	filed within 72 ho Hygiene. ther than "naturent, the Medical	Completed	15. Decedent's Edu (Specify only highest grade Elemantery/Secondery (0-12) 1 1	cation a completed) College (1-4or 5+)	16a.	Decedent's Usuel Occup (Give kind of work done life. DO NOT use retire homemake	during most of work d)	ing	18b. Kind ot B		ustry
Maryland		To Be C	17. Fether's Neme (First, Middle, Last) Clarence		Buker		18. Mother's Nem	Luvenia	Dı	unn	
	1 end 2 should Health and Mersen 27 is marks		19e. Informent's Neme/Relationship (Ty Mrs. Ann Bennett -			Meliing Address <i>(Street</i> )4 Hiawatha				, Stete, Zip	Code)
Baltimore,	S = 5		20e. Method of Disposition  1 □ Surial 2 □ Cremetion 3 □ R 4 □ Donetion 5 □ Other (Specify)	lemovel from Steta	Ob. Place of cemeter,	Disposition (Name of c, cremetory or other pla ester Memor:	ial Park	1.00	20c. Location Cambri		wn, Stete aryland
Balt	permit. Pege Depertment of Important: If any Injury or once.		21. Signeture of Funeral Service License		Jr.	22 Name and Address Thomas Fun 700 Locus			D 2161	3	
v	Physician		23a. Part1. Enter the disease, or compli shock, or heart teilure. List only or	icetions thet ceused the ne cause on each lina.	deeth. Do n	ot enter the mode ot dyl	ng, such as cardiac	or raspiratory arra	ast,		Approximete Interval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	M40CAR		I N FAR	CTION			- 14	Hours
٠	bed nsit	Examiner		HYPERTE	W 511	ON					4 ETTES
68760,	ificate be executed g physician and as the burlet-trensit	edical Exar	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last			onsequence of):					
Box 68	5 O 6		resulting in deeth) Last	J						į	
P.O.	y the	y Physician/M	Part II. Other significant conditions con	ntributing to death but no	t resulting in	tha undariying cause gi	van in Part I.	23b. Did to			the cause of death?
Vital Records,	sw requires is been sign 2 should by	Completed by						24a. Wes an	n autopsy ned?	con	re autopsy findings llabla prior to apletion of cause eath?
al B	The ate h							1□ Ye	s 2 No	10	Yes 200 No
f Vit	Physician: this certific ral director,	To Be	25. Wes cesa reterred to medicel examiner?  1 Yes 2 No	lospitei:	2 ER/Out	petient 3 DOA Oti	26. Place of Deet	h <i>(Check only on</i> me 5 ☐ Reeide		ner (Specify	)
Division of	ing After une		27. Menner of Deeth  1 Neturel 5 Pending invastigation	28e. Dete of Injury (Month, Dey Yea	28b. T	me of 28c. tnju		28d. Describe ho			
Divis	7 4 5 C	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Injury - building, etc. (Sp	At home, fer pecify)	m, street, tectory, office		28t. Location (St. City or Town		ber or Rurel	Route Number,
	To the Hospital or Att within 24 hours efter of To the Funeral Diract completely filled in by	edical	29e. Certifier (Check only one) 1	stcian: To the best of my ner: On tha basis of axa and menner steted.	knowledge, minetion end	deeth occurred at the ti /or invastigation, in my o	me, dete end plece, opinion, deeth occurr	and due to the ce red at tha time, da	euse(s) end mate and place,	enner as sta and due to	ated. the cause(s)
	To the com	M	29b. Signatura and title of certifiar Wicharl G . W	& Deur	W	29c. Licens			9d. Date signed		
			30. Neme end eddrass of person who co	mpleted cause of deeth	(Item 23e) (	(xpe, Print) 503 Å	34en st.	CAMBR	D6E	MO.	21613

Registrar

(Month, Dey, Year)
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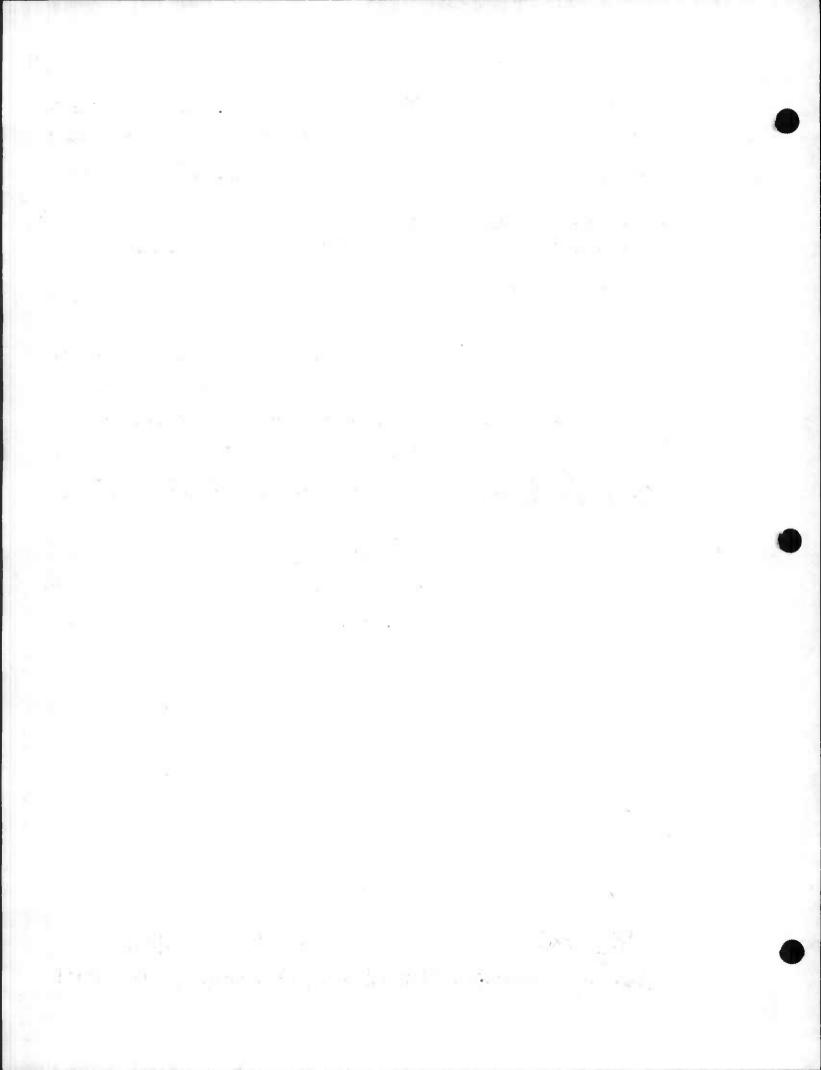
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39460

-	-		4. Donodonilo Novo (Film) Advisio	1 11		Ceri	illicate of	Death		Reg. No.		55400
	Physic /Medi		Decedent's Name (First, Middle, Last)     Louis Edward Bowie  4e. Fecility Name (If not institution, give street end number)						2. Date of De Month Dec. 1	Dey	Year	3. Time of Death $12:55AM$
	Exami		4e. Fecility Name (If not institution, 4809 Newman I		r)				or Location of Deet e Hills		y of Deeth ince	George's
	Funeral Director		5. Social Security Number  577–10–5243  Usuel Residence of Decedent	6. Sex 7. A 1	ge (In yrs. les 80	st birthday) Yrs.	If Under 1 Year Months Days		Hrs. 8. Dete of Bin. (Month, Detector)	y, Yeer) , 1916	9. Birthpla Country Maryl	ce (Stete or Foreign y) and
72 hours after death with the Maryland	"natural", or items 23a or 28a-f show ledical Examinet must be notified at	Director	10e. State 10b. County  Maryland Prince 10e. Street end Number			Town or Loc	ills 10f. Zip Code			10g. Citizen of		d. Inside City Limits 1 ☐ Yee 2 🗓 No y?
eath wit	must be	Funeral D	4809 Newman Roa	12. Was Decedent	t Ever In II S	12 W	207		(Specify Vee or No	U.S.A	ce - Americar	o Indian
d within 72 hours after d	ral', or iten Examiner	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces	7 101	J .	Yes, specify Cut		(Specify Yes or No leno Rican, etc.)	Specia	ick, White, et	
within	liene. r than "natu Ire Medical	Completed	15. Decedent's (Specify only highest Elementary/Secondery (0-12)	grade completed)  College (1-4or		(Give k. life. Di		i during most of ( ad)	working	16b. Kind of E		
be file	d other	To Be Co	12th 17. Father's Name (First, Middle, L Edward	N/A ast) Bowie		Mea	nt Manag		Name (First, Middle	, Melden Sumer	Food S me) Dysc	
C .	27 is m r traum		19a. Informent's Name/Relationshi Barbara Kay Bow						Rurel Route Numb		, Stete, Zip C	Code)
100	20		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3  4 ☐ Donation 5 ☐ Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of	3 □Removal from Stete	20b. Plac cen Ce	ce of Disposi netery, crema dar Hi	tion (Neme of atory or other ple 11 Ceme	tery	Dec. 18			n, State
permit. Pages 1 ar	Important: If is any injury or one		21. Signeture of Funeral Service	conseq /					Lee Funer ia Ferry	al Home	, Inc.	
//	ysician Medical aminer		23a. Pert 1. Enter the disease, or of shock, or heert feilure. List of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of						diac or respiratory e	rrest,	lr Ir	Approximete Interval Between Onset end Death
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hat the death	signed by the attendi be deteched for use	Physicia	Pert II. Other significent condition	e contributing to death b	out not resultii	ng in the und	leriying cause gi	ven in Pert I.		essent the		he cause of death?
or Attending Physician: The law requires the	s been s	Completed by							24e. Wes	en eutopsy prmed?	evaile	e eutopsy findings able prior to pletion of cause eth?
	pe	Be	25. Wes case referred to medical exeminer?	Haaritat					1□		101	Yes 2□ No
To the Hospital or Attending Physician:	: After this c e funeral dir	ation: To	1 Yes 2 No  27. Menner of Deeth 1 Naturel 5 Pending investiga	Hospitel: 1 ☐ Inpati  28e. Date of Inju (Month, De	Jry 28	VOutpatient Bb. Time of Injury	28c. Inju		28d. Describe	dence 6 Oth		
al or After	od in by th	Certification:	3 Suicide 6 Could no 4 Homicide determin	ed 286. Place of In	jury - At home c. (Specify)	e, farm, stree	ot, factory, office		28f. Location ( City or To	Street and Numi vn, State)	ber or Rural F	Route Number,
the Hospit	To the Funeral Director: After the completely filled in by the funeral	edicai	one) 2 Medicat Ex	Physicien: To the best caminer: On the basis o and menner st	f examination	dge, death o end/or inve	stigation, in my o	opinion, death oc	curred et the time,	date end pleca,	end due to th	ne cause(s)
To	To	W	29b. Signeture and title of certifier	w				31601		29d. Date signe		y, Year)
	Sta		30. Name end eddress of person with the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second	10905 F	rt Wash	ington	Yed, #4	os, Ft.	Washingt	in, MI	0 7	20744
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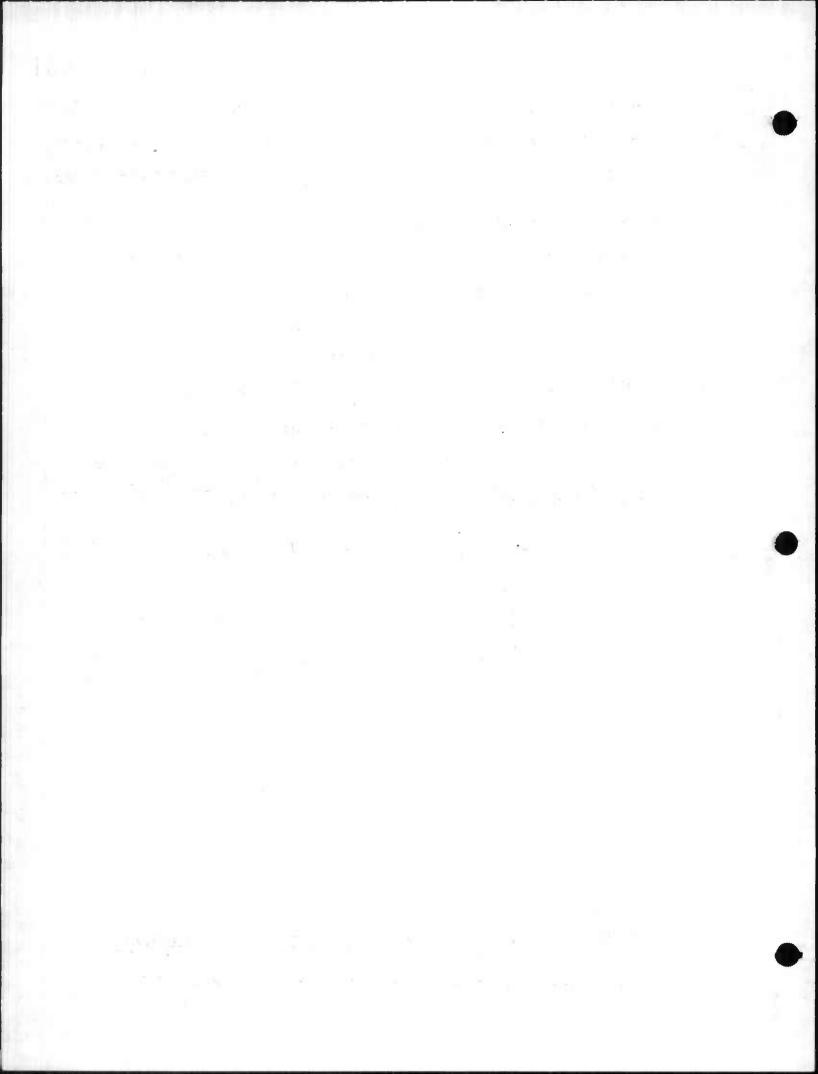


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Time f Deth Month **Physician** 1996 Dec Marion Burchell 10, 6:50 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince George's 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foraign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Days Months Hours Min Yrs. 579-52-2128 Director 81 Oct 11, 1915 Washington DC Usual Rasidance of Dacadant Pages 1 and 2 should be filled within 72 hours after death with the Maryland nent of Heatth and Mental Hygiene.
ant: If Ham 27 is marked other than "natural", or Hems 23s or 28s-f show ury or other traumetic event, the Medical Examinations in the notified at 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Directo Maryland Prince Geroge's Brandywine 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7605 Redwood Court 20613 Funeral United States 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Navar Marriad 2 Marriad 1 ☐ Yas 2 ☐ No If Yas, Give XX Yaar or Datas: Baltimore, Maryland 21215-0020 1 □ Yas 2 No Specify: Be Completed by 3 □ Widowad 4 □ Divorced Specify: White 15. Decedent's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Spacify only highast greda complated) Elemantary/Secondary (0-12) Collaga (1-4or 5+) 10 Secretary Local #24 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surnama) William N. Ridgely 2 Olive Viola Frye 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straaf end Number or Rural Routa Number, City or Town, Stata, Zip Code) Edgar A. Burchell, Sr. 20b. Place of Disposition (Nama of cemetary, cramatory or other place)

20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20e. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) permit. Page Department of Important: If any Injury or once. Cedar Hill Cemetery Dec 13,1996 Suitland, Maryland 21. Signature of Funeral 22. Nama and Addrass of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 Put1. Entar the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Daath **Physician** alentic Heart Disease immediate Ceusa (Final disaasa or condition resulting In daath) /Medical **Examiner** Examiner or Attending Physician: The law requires that tha death certificata be axecuted after death. Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disaasa or Injury that initiated events rasulting in daath) Last Division of Vital Records, P.O. Box 68760. attending physician for use as the buna Physician/Medical ata has been signed by the a page 2 should be datached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown à Be Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? within 24 hours after death.

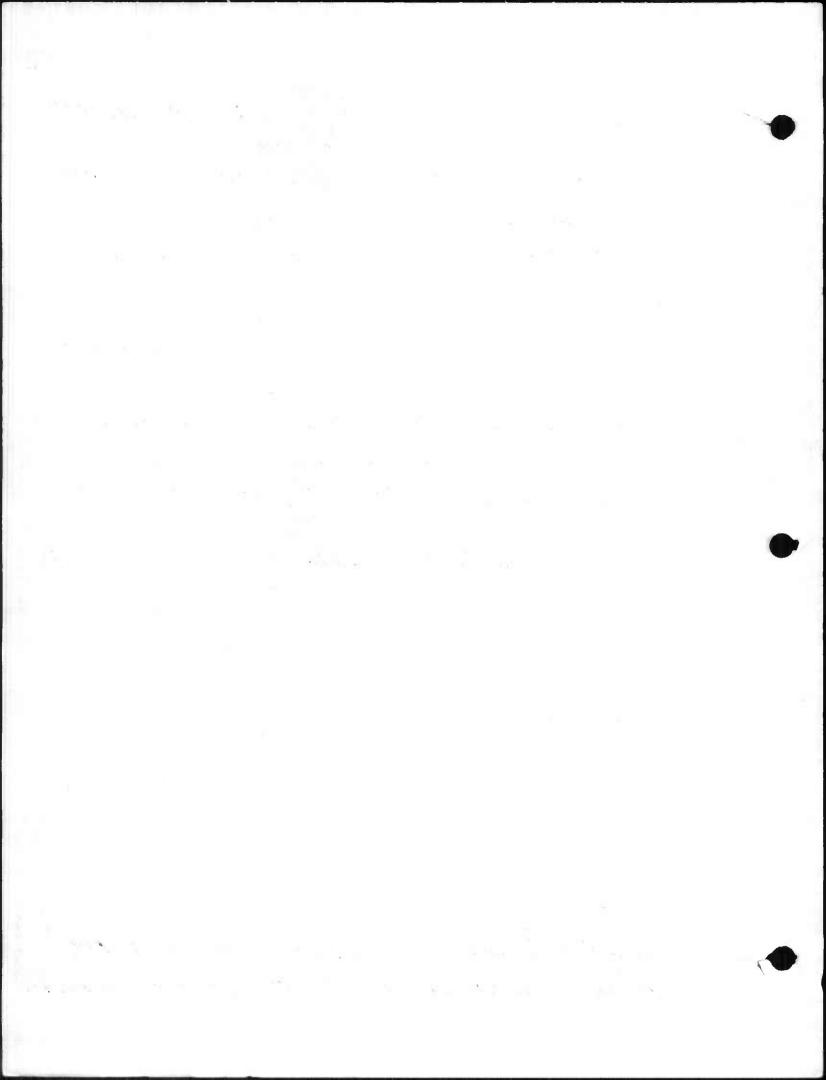
To the Funeral Director: After this certificata i completely filled in by the funeral director, pag 2 1 No 1 Yas 2 No 1 Yas 25. Wes casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: Appatlant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Naturai 5 Panding Invastigation 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide the Hospital Medicai 29a, Certiflar 🗠 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Sigi 29c. Licansa number 29d. Data signed, (Month, Day, Year) 2 30. Nama and address of person who completed cause of daath (Itam 23a) (Type, Print) 11418 Livingston Rd, Fort Washington, Md 20744 R.A. McConnoughy, MD 31. Deta filed (Month, Day, Year) DEC1 1996 Julia Dhuston Roydell State Registrar



State of Maryland / Department of Health and Mental Hygiene

39162

						Certificat	e of D	eath		Reg. No.		0 2 4 0 6
	Physic /Medi		Decedent's Neme (First, Middle, Las	EMELENE	L.	BUSSEL	L		2. Dete of De Month		Yeer 1996	3. Time of Death
7	Exami		4e. Fecility Neme (If not institution, give Home on Ellio		d (Vi	enna)		city, Town, or t Vienna	ocation of Deer		of Death ches	ter
	Funeral Director		5. Social Security Number 6. Security Number 2 1 6 - 0 7 - 7 0 8 1 Usuel Residence of Decedent	ex 7. Age (i □ M 2 🖾 F	in yrs. last birtl 85 Y		1 Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, Di 0 1 / 2 4	rth ey, Year) /11	9. Birthp Coun Mar	lece (Stete or Foreign try) yland
	a Maryland Ba-f show orled at	ctor	10e. Stete 10b. County	hester	Oc. City, Town	or Location	V	ienna			1	0d. Inside City Limits
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020	s 1 and 2 should be filed within 72 hours after death with the Manyland if Health and Mentel Hyglene.  Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	þ	11. Meritei Stetus  1 Never Merried 2 Merried  304Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1  Yes 2 No If Yes, Give Yeer or Detes:	er in U,S.	13. Wes Decedif Yes, spec		penic Origin? (S Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)		ca - Americ ck, White, y: W	
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ore,	of Health Item 27 other tr		20e. Method of Disposition		20b. Pieca of	Disposition (Nen	ne of		Dete	20c. Location		
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	الحد		23a. Pert1. Enter the disease, or comp shock, or heert fellure. List only of	ications that caused the one cause on eech line,	e deeth. Do n	ot enter the mod	le of dying,	such es cardiec	or respiretory	rrest,		Approximete Intervai Between Onset and Deeth
	Physician /Medical Examiner	ı,	immediate Cause (Final disease or condition resulting in death)	e Chrdin	e to (or es a c	onsequence of:	mi	1			1	4 min
ox 68760,	n cartificate be executed anding physician and use as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c		onsequence of):						
m	the attend	Physician	Pert ii. Other significant conditions co	ntributing to death but n	ot resulting in	the underlying c	ause given	in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death'
P.0	ed by detac	by Phy	whereun	)		7.0			10	Yes 2 No	3 Prot	pably 4 Unknow
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E E	ate h								10	Yes 2000	10	Yes 2 No
Vital	Physician: The this certificate ral director, pag	o Be	25. Was case referred to medical exeminer?  1 ■ Yes 2 □ No	Hospitel:	0 □ ED/O		Other	26. Place of Dee	1.7		10	
ion of	After fune	ation: To	27. Menner of Deeth  1. Maturei 5 Pending 2 Accident investigation	28e. Dete of injury (Month, Dey Yo			28c. injury a Work?	4 Nursing H		idence 6 Oth how injury occur		//
Division	al or Attendest s after deat if Director: ed in by the	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Placa of injury building, etc. (	- At home, fen Specify)	m, street, fectory	, office		28f. Location ( City or To	(Street end Numi wn, State)	ber or Rura	l Route Number,
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edicai	29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	sician: To the best of miner: On the besis of ex end menner steted	aminetion end	death occurred of	et the time , in my opir	, dete and pieca nion, deeth occu	, end due to the rred et the time,	cause(s) end ma date end plece,	anner as st and due to	ated. the cause(s)
	To the To the	Me	29b. Signeture end title of certifier	21			. License r			29d. Dete signe		
-	7		1/1/1/100	elent	2	L	26	388		12-	<b>ユー</b> /	776
			30. Name and eddress of person who o	empleted cause of deet	(item 23e) (T	Type, Print)	Co	lline	Hun	lock	Md	976
	Sta Registi		31. Dete filed (Month, Dey, Year) DEC = 6 96	32. Biogistrer's	Signature widson-	Pandell		7	1/		,,,	



State of Maryland / Department of Health and Mental Hygiene 39463 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Year HENRIETTA BLAZEJAK ANNA Dec. 10 1996 /Medical 3:25 a 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death The Memorial Hospital Talbot Easton | Hundar 1 Year | Hundar 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | October 4, 19 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stete or Foraign Country) **Funeral** 1 M 2 DXF Director 216-24-0424 68 Poland Usual Residence of Decedent death with the Maryland 10a Stata 10b. County show 10c. City, Town or Location 10d. Inside City Limits event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No **Funeral Director** 28a-f Maryland Caroline Denton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 25479 Hignutt Road 21629 United States 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates: or items 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status permit. Pages 1 end 2 should be filed within 72 hours efter Department of Health end Mentel Hygiene. Innoctant: If teem 27 is marked other than "natural", or then any injury or other traumatic event. 1 Navar Married 2 Married 1 Yes 2 XNo Specify: þ 3 X Widowed 4 □ Divorcad Caucasian Completed 15. Decadent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) 10 Homemaker Home 17. Father's Neme (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be 2 Anthony Alexander Luberecki Anna Honorata Lepinski 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 25479 Hignutt Road, Denton, Maryland 21629 Diane Blazejak Daughter 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1⊠ Burlai 2 ☐ Cremation 3 ☐ Removal from State Holy Cross Cemetery 12/13 Denton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Moore Funeral Home, P.A. 00 m PO Box B, Denton, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one ceuse on each line. Approximata Interval Between Onset and Death Physician fmmediate Cause (Final disaasa or condition resulting in death) /Medical 54 Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and ed by the ettending physician detached for use es the burie neo school Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by 1 Yes 20 No 3 Probably 4 Unknown by Completed 24b. Were autopsy tindings available prior to 24a. Was an eutopsy completion of cause of death? hes certificate 2 1 No 1 Tes 1 ☐ Yes 2 ☐ No or Attending Physician: director. 25. Was case reterred to medical examiner? Be 26. Pleca of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 EN/Outpatient 3 DOA After this funeral dir 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. fnjury et Work? Certification: 28d. Describe how injury occurred 1 Netural 5 Pending invastigation To the Hospital or Attending within 24 hours effer death.

To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Placa of Injury - At home, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 15% Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar 31. Date tiled (Month, Day, Year)

Susan Forlifer,

M.D., 505 Dutchmen's Lane, Easton, Maryland 21601

32. Registrar's Signature Aindelle.

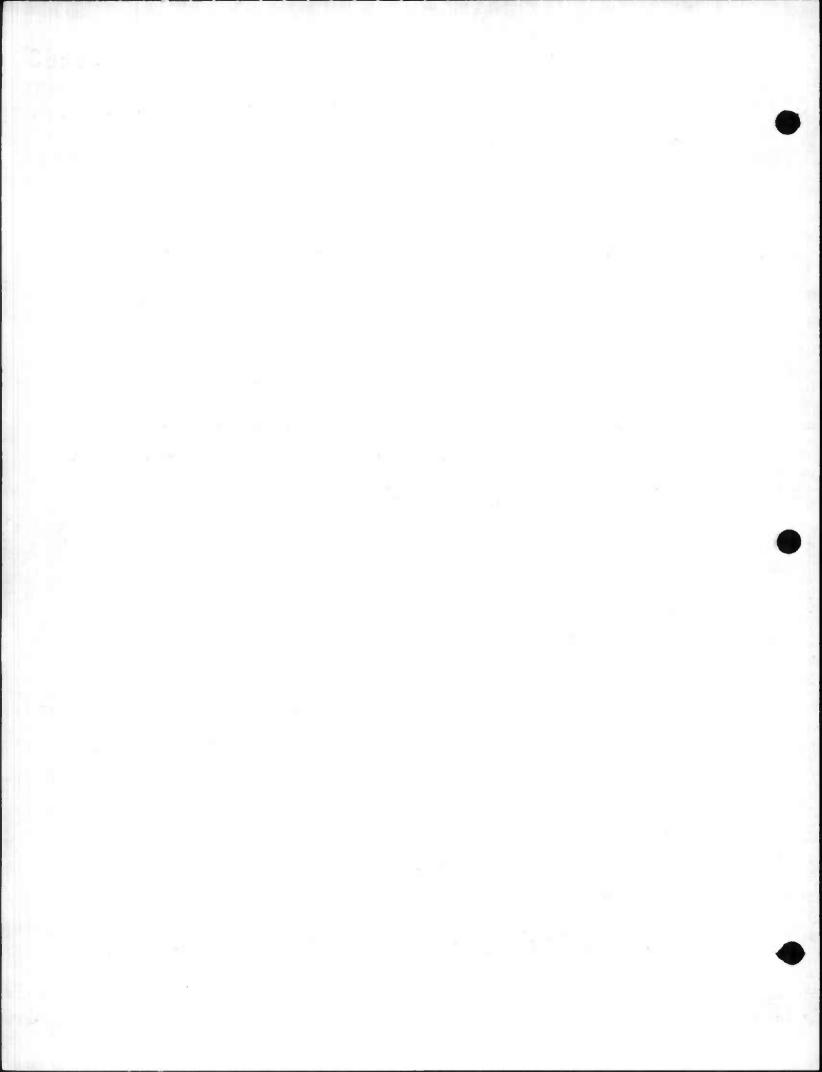
30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Maryland 21215-0020

Baltimore,

P.O. Box 68760.

Division of Vital Records,



State of Maryland / Department of Health and Mental Hygiene

39464

						Ce	rtificate o	f Death		Reg. No.	30	0 3 4 0 4
	Physic		Decedant's Nama (First, Middla,	Last) TAMES BEN	JAMII	N BRA	DBURN		2. Dete d Month Dece	of Deeth	3 , 199	3. Tima of Death 6 7:00PM
1	/Medi Exami		4e. Facility Nema (If not institution,	give street end number	r)			4b. City, Tox	wn, or Location of I		ity of Deeth	
	LAGIIII	-	Solomons Nurs				Milada 1 Va	Solor	nons	Cal	lvert	
	Funeral Director		5. Sociel Sacurity Number 216-18-3142  Usual Rasidance of Decedant	. Sex 7. A 1]X] M 2□ F	90	ast birthdey) Yrs.	if Undar 1 Yas Months Dey	s Hours	Min. 8. Deta of (Month	of Birth h, Day, Year) 3,1906		lace (Stete or Foreign try) yland
	Ba-f show	ctor	10e. State 10b. County  MD Calver	·t	1	r, Town or Lo Lomon					1	0d. Insida City Limits 1 ☐ Yes 2 ☐ No
	3a or 2	Dire	10e. Street and Number 13325 Dowell R	oad			10f. Zip Coda 2068			10g. Citizan o		
020	s 1 and 2 should be filed within 72 hours efter deeth with the Meryland if Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Nevar Married 2 □ Merrie  3 ☑ Widowed 4 □ Divorced	12. Wes Dacadan Armed Forcas	? ] No			Hispenic Orig ban, Maxican	nn? (Specify Yas o , Puerto Rican, etc	or No- 14. Re	aca - Amaric lack, Whita, hify: Whita	an Indian, etc.
21215-0020	ithin 72 ho le. len "neturi	Completed	15. Decedant's (Specify only highast Elamantary/Secondary (0-12)	Education grada complated) Collega (1-4or	5+)	(Giva life.	dant's Usual Occ kind of work don DO NOT usa reti	e during most red)		16b. Kind of		
	2 should be filed within and Mental Hygiene. Is marked other than ' aurratic event, the Me	Be Cor	17. Fathar's Nama (First, Middla, La				rman/He			Fishing ddle, Maldan Suma		Covernment
Maryland	d Ment rerked retice	2	A  19e. Informant's Name/Relationship	lex M. Bi	cadbu		444 (0			herine		
	Heelth and I show the Heelth and I seem 27 is me other trauman		Janice Tiern							umber, City or Tow , Maryla		
Baltimore,	permit. Pages 1 and Department of Heeith Important: If Item 27 any Injury or other tr once.		20a. Mathod of Disposition  1				sition (Nama of matory or other p		Data 12/17	20c. Location		
Balti	permit. Pages Department of Himportant: If the any Injury or of once.		21. Signature of Funaral Service Lie	ensee		22	Rauscl	ress of Fecility	,			ublic, MI
	Physician /Medical		23a. Part1. Entar the disaasa, or co shock, or haart failura. List or Immadiata Cause (Final	ly ona ceusa on aach	line.							Approximate interval Batween Onset and Death
	Examiner	her	disease or condition rasulting in death)	a. Con	Dua to (or	as a consec	quence of):		ecio de			2
o,	tificete be executed ig physician and es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated avants	b		as a consec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Box 68760,	requires that the death certificate be executed seen signed by the ettending physician and hould be detached for use as the bunal-transit	an/Medical	Cause (Diseesa or Injury thet Initiated avants rasulting In daath) Lest	d	Dua to (or	as a consec	juance of):					
P.0.	es that the deal igned by the ett be detached fo	by Physician/	Pert II. Other significant conditions	contributing to deeth	but not resu	Iting In the u	ndarlying causa	givan in Part i.		Did tobacco µae o		the cause of death?
Records,	~ 40	Completed t	Corenz	and	2	4	Dele	- 1	248.	Was an autopsy performed?	COL	ara eutopsy findings allabla prior to mpiation of cause death?
	The ate h		Seven A	lzhai	~	2	emb	_	Š.	1□ Yes 20 No		Yas 2□No
Viital	Physician: The this certificate ral director, pag	8	25. Wes casa referred to medical axeminar?	Hospitai:				26. Placa	of Death (Check o	only ona)		
o	5 00	lon: To	27. Maguer of Deeth	28e. Dete of Inj (Month, D	ury	ER/Outpatier 28b. Time o Injury	28c. Inj	ury at ork?	28d. Desc	Rasidance 6 00		()
Division	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident 3 Sulcide 4 Homicide	he	njury - At hor tc. (Specify	ma, farm, str	M 1	∃Yas 2⊡M e	28f. Locati	on (Street and Nun r Town, Stata)	n <i>ber or Rura</i>	l Route Number,
1	he Hospital in 24 hours he Funeral pletely filled	edical	29a. Certifiar 1 Artifying (Check only one) 2 Medical Ex	Physician: To the best aminar: On the basis of end mannars	of axaminati	rledga, daatt on end/or in	n occurred at the vastigation, in my	tima, data and opinion, daat	d place, and dua to h occurred at tha t	tha causa(s) and r ima, data end plece	nanner as st	ated. the causa(s)
	To the within 2 To the comple	M	29b. Signeture end titla of certifier	lung y	Mark	包	29c. Lice	nsa numbar	427	29d. Data sign	ned (Month,	Day, Year)
			30. Name and address of person wh	o completed cause of	daath (Itam	23a) (Typy,	Print)					
	Sta		31. Data filad (Month, Day, Yaar)	32. Regist	rar's Signat	ura	Rardall			<u> </u>		
DW	Registr		DEC	17 1996	yeur d	KINDLEW.	- WWOWN					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

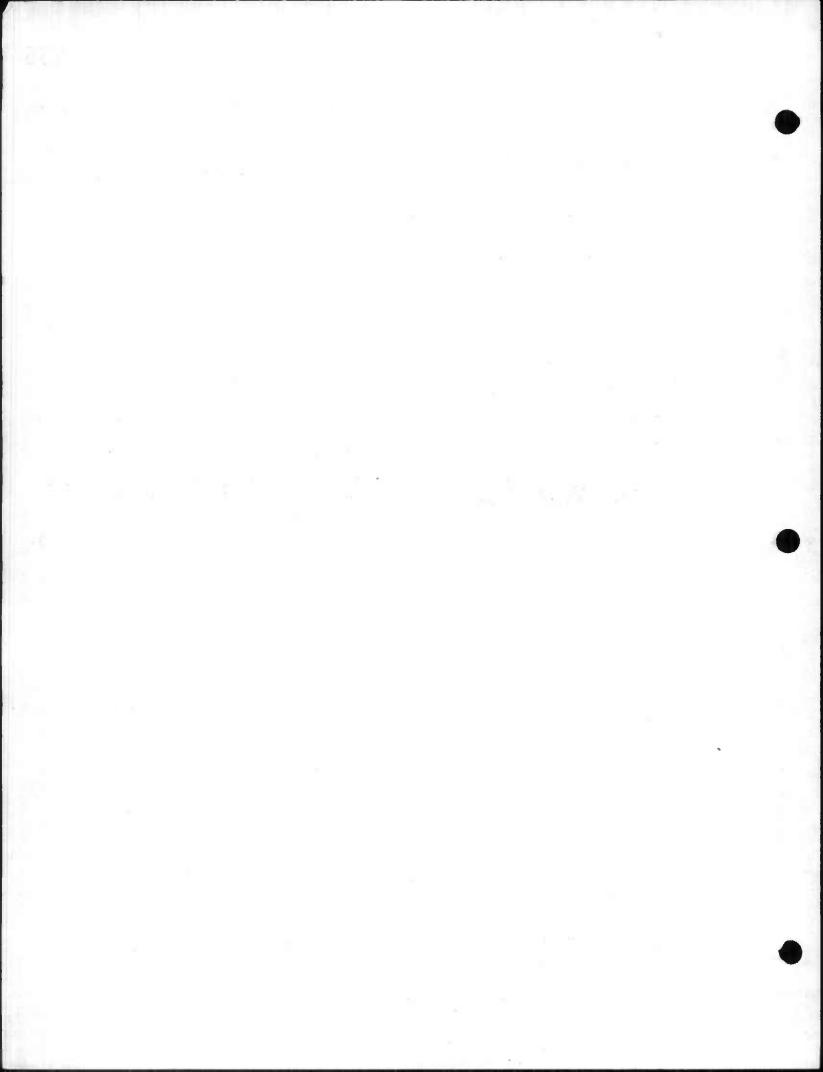
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF HEAL CATE OF DE	TH AND MEI	NTAL HYGIENE REG. NO.		0 9 4 0 0
100	1. DECEDENT'S NAME (First, Middle, Last)  IDA	G. BRA	ADFORD			DATE OF OEATH DAY	YEAR	3. TIME OF DEATH 8:55 P. M
	4. SOCIAL SECURITY NUMBER 213-14-1450	1 🗆 M 2 🔀 F		UNDER 1 YEAR IF UNITED BY BOUNTHS DAYS HOU		DATE OF BIRTH (Month, Day, Year) 2/8/19	8. BIPT	INPLACE (State or Foreign http) Wark, Md.
FOR	98. FACILITY NAME (If not institution, give s (Home) 7911 Publ:			Snow HI			9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Worcester		OWN OR LOCATION				10d, INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 7911 Public Land	ding Road		10f. ZIP C		1863		1 □ YES 2 🔀 NO WHAT COUNTRY? U.S.A.
B⊀	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	21 NO		NT OF HISPANIC O	RIGIN? (Specify Year)	Bla	CE — American Indian, ck, White, atc. city:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NOT use re	done during most of witted.)	orking	16b. KIND OF BUSI		
OMP	17. FATNER'S NAME (First, Middle, Last)		nom	emaker	OTHER'S NAME (	OWN First, Middle, Maiden S	home (umama)	
BE C	Walter Griffin  100. INFORMANT'S NAME (Type/Print)				Ida Lanl	c Griffin	1	
2	Walter A. Bradfo	ord		Public L				d. 21863
	20s. METHOD OF DISPOSITION PC Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b	PLACE AND DATE OF D Petary, crematory or other NEISTIAN C	ISPOSITION (Name of		OATE 20c. LOC	ATION — City or 1	
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. Llenn						87 1,Md.21863
CERTIFICATION	23. PART I. Enter the diseases, or on shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):			www.	. 4	Approximate Interval Between Onset and Death
L CERT	PART II. Other eignificant condition	d.	ut not morriting in the					
PHYSICIAN: MEDICAL		o contributing to death of	or nor reediting in t	na undariying caus	e given in Pert	1 YES 2 5	IED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: N	DID TOBACCO USE CONTI		F DEATH YES		NCERTAIN [			1 TYES 2 NO
rsici	EXAMINER? 1   YES 2   NO	HOSPITAL: 1   Inputient 2   ER/Outp	O	THER:  Nursing Nome 8 [5]	Realdence 8 🗆	Other (Specify)		
ВУ РН	27. MANNER OF DEATN  1 X Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			DESCRIBE NOW IN.	JURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree	t, factory, office	281.	LOCATION (Street are City or Town, State)	d Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSH	CIAN: To the best of my knowless. On the basis of examination	edge, death occurred at and/or investigation, in	t the time, date and plant my opinion, death oc	ace, and due to the	e cause(a) and mann data and place, end	er as stated. due to the cause	s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)							29d. DATE SIGNED	(Month, Day, Year)
6	30. NAME AND AUGHEST OF PERSON WHO  SEPH A. Grasso.  31. DATE FILEO (Month, Day, Year)	3. 145 E	CARROL	1	AUSBU	ex. Mo	>1801	
	DEC 1 3 1996	Jelin Shutlen	Randell	·				

State of Maryland / Department of Health and Mental Hygiene

L. Albert		1. Decedent's Nar	ne (First, Middle,	Last)					2. Dete of D			3. Time of Death
hysicia	-	Anne		Whalen			Cros	grove	Novem	her 25	, 1996	3:50PM
/Medic Examin		4e. Fecility Neme	(If not institution, g	give street and numb	ber)			-	or Location of Dee		y of Deeth	3:30PM
ineral rector		Memori 5. Sociel Security 198-34	Number 6	pital @ Sex 1□M 21XF	Eastr Age (In yrs. 80	n lest birtho	day) If Under 1 Yea Months Deys			Ta.	l bot 9. Birthple Countr Pa	ece (State or Foreign
		Usuel Residence							40010	7,1313		•
Sa-f show	Director	Md .		oline		y, Town o ntôr	r Location				100	d. Inside City Limits
'natural, or items 23a or 28a-f show	eral Dire			or Road	ant Francis III	0		629		10g. Citizen of USA	7	
Examiner	by Funeral	11. Meritel Status 1 ☐ Never Mar 3 ☑ Widowed	ried 2 Merried	Armed Force	es? A No	,5.	13. Wes Decedent of If Yes, specify Cul		(Specify Yes of Nerto Rican, etc.)		ce - America ack, White, et fy: WHIT	tc.
olice)	eted	(Spe	15. Decedent's cify only highest of	Education		16e. De	ecedent's Usuel Occu Give kind of work done fe. DO NOT use retir	pation	nokina	16b. Kind of E	Business/Indu	ustry
other traumatic event, the Medical	Completed	Elementary/Sec		College (1-4	lor 5+)	lii	fe. DO NOT use retire HOMEMAKI	ER	Orking	F	IOME	
vent, E		1 2 17. Father's Neme	(First Middle La	4 (st)				19 Mother's N	eme (First, Middle			
COVE	o Be		Calvin	Bergdo	11			Mary	Jane	McE1he	,	
THE PERSON	2	19e. Informent's N				19b. M	feiling Address (Stree	-			-	Code)
er tra		Betsy	L. Wood	1			321 Shore					
ò				☐Removel from Sta		emetery,	isposition (Name of crematory or other pla Croft Cen	netery	Nov30 1996	20c. Location		
any injury pnce.		21. Signatore of F	pherai Service Lio	ensee Oh			Moore and And				Mar	21629 cyland
							enter the mode of dy	ng, such es cardi	ec or respiretory	errest,	li C	Approximete nterval Between Onset and Deeth
cal ner	n/Medical Examiner	shock, or her Immediate Cause disease or condition resulting in deeth)  Sequentially list of if eny, leading to incause. Enter Und Cause (Disease of their Initiated event resulting in death)	(Finel on ditlons, mmediate priying sinjury s		Due to (or	Rypres a con		ng, such es cardi	ec or respiretory	errest,	li C	Approximete nterval Between
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Physic /Medi		Decedent's Nema (First, Middle, Le     BEULAH KATHRYN (								2. Data of De Month DECEMI	Dey BER 2,1	Yeer 996	3. Time of Death 4:04 PM
)	Exami		4e. Facility Neme (If not Institution, git	a street and nu	ımber)				4b. Clty	Town, or Le	ocation of Deat	4c. Coun	y of Deeth	
1			Sacred Heart Hos	pital					Cum	berla	nd	Alle	gany	
	Funerai Director	Г	5. Sociel Security Number 6.	Sex 1□M 2KDF	7. Age (	(In yrs. last bii	rthday). Yrs.	If Under 1 Ya Months Da		dar 24 Hrs. rs Min.	8. Dete of Bir (Month, De	th by, Year)	-	leca (Stata or Foreign
			Usuel Residence of Decedent		02						TOCL TO	, 1914	Mary	and
	show sd at	Į.	10a. State 10b. County MD Allegan	V	1	Oc. City, Tow Frost							1	0d. Insida City Limits
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	n 72 hours after deeth with the Manylan "natural", or Hams 23a or 28e-f show recel Examiner must be notined at	al Dir	17420 Porter Rd.	, S.W.				10f. Zip Cod 215				10g. Citizen of What Country?		
	dea	Funeral	11. Meritei Status	12. Was Dec		ar In U,S.	13. V	Wes Decedent of t Yes, specify C	of Hispenic	Origin? (Sp	ecify Yas or No		ce - Americ	
020	irs after	by Fu	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes If Yes, Gi Yaar or D	2 No			Yes 2101			rican, etc.)		eck, White, o	
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6	and laaltt		Paul E. Cutter,	Sr.			_	Porter		S.W.				532
Baltimore,	permit. Pages 1 and 2 Department of Health s Important: If Itam 27 is any Injury or other tra once.		20a. Mathod of Disposition  1 ☐ Burial 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Other (Speci	Removel trom	Stete			sition (Nema of natory or other ) 11e Cem		ec. 5	, 1996	20c. Location		
Balti	Departir Departir Importa any inju		21. Signeture of Funerel Service Lice	nsee		\	22 N	Nama end Ad ewman F	dress of Fe	cility 1 Hom	es, P.A	., P.O.	Box	275
			23a. Part1. Enter the disease, or comshock, or heart teilure. List only	Herry	rai	J	1	79 Mill	er St	., Gr	antsvil	le, MD	2153	6
	Physician /Medicai Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death)	· 8	to po	ue to (or es a	conseq	uence of):						/ 1R
	and trans	Eam	Sequentially list conditions,	0.	Du	e to (or es e	conseq	uence of):						0
Ó,	certificate be axecuted ding physician and isa as the burial-transit		Sequentially list conditions, if eny, leeding to immediate ceusa. Entar Underlying	91	M								i,	10 years
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9	as the	Jed	rasulting in deeth) Last										1	
XO		an/IM		d									1	
Ö.	tha daath y tha atte sched for	Physician	Part II. Other significant conditions of	ontributing to d	eath but r	not resulting in	n the ur	nderlying ceuse	given in Po	ert I.	23b. Dld	tobacco use c	ontribute to	the cause of death?
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of Vital Records,	v requires that tha daath been signed by tha atte should be datached for	Completed t									24e. Wes	en eutopsy omed?	ava co/	ere autopsy findings allable prior to repletion of ceuse
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	12		30. Neme and eddress of person who	completed ceus	se ot deel	th (Item 23e)	(Type, I		- 110					// //
	1.		H. Curtiss Merri						, Cum	berla	nd, MD	21502		

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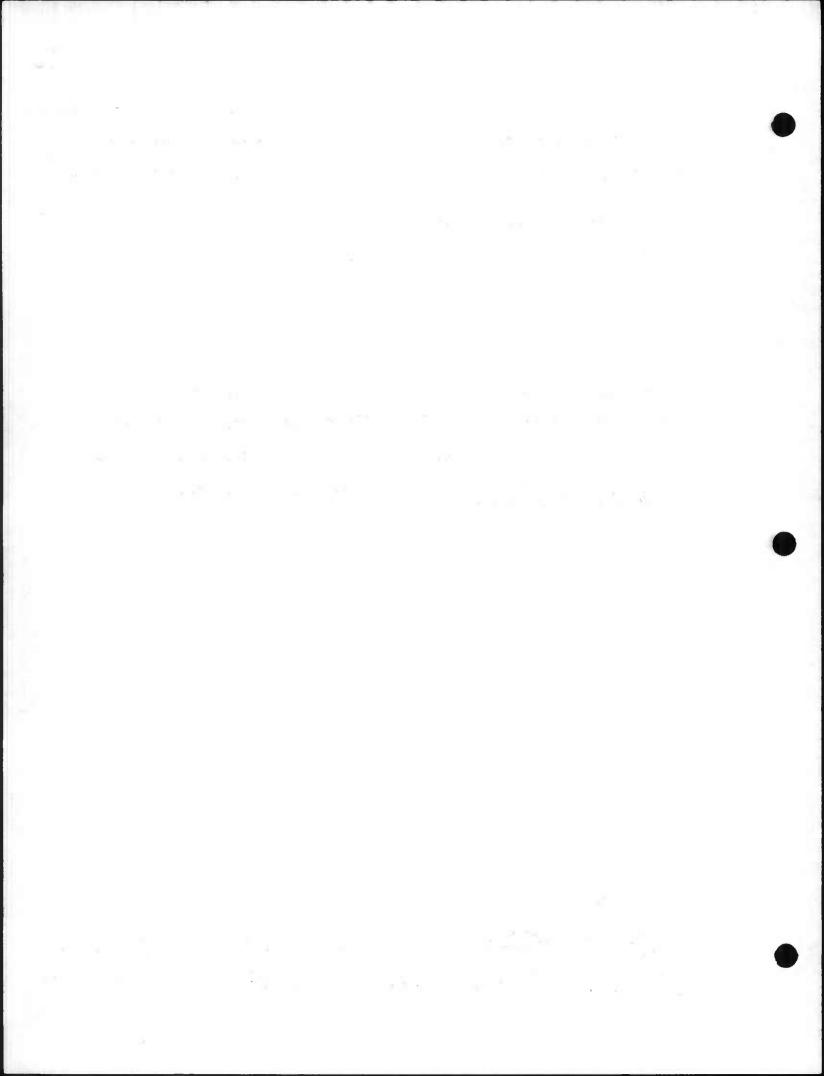
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SERVICE SERVICE SERVICES

State of Maryland / Department of Health and Mental Hygiene 96 39468

						Certificate o	f Death		Reg. No.		
	Physic	an	Decedent's Name (First, Middle, Last)     ROBERT COMPTON DORSEY						2. Date of Death Month Day Year  3. Time #		th
/Med					Y			Dec.	12 19	996 6:30 a	m
	Examir	ner	4a. Facility Name (If not institution, give street and number)					n, or Location of Deal			
			81 West Bayfront Road			Tracy's Landing Anne Arundel					
į	Funeral Director	b Be Completed by Funeral Director	5. Social Security Number 6. S 219 32 3288 1 Usuaf Residence of Decedent	yrs. iast birtho	Yrs.   If Under 1 Year   If Under 24 Hrs.   8. Data of Birth   Months   Days   Hours   Min.   S. Data of Birth   Month, Day, Year)   9. Birthplace (State or Foreign Country)   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Your   Y				<i>breig</i> n		
Baltimore, Maryland 21215-0020			10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits								imits
	8a-fal		MD Anne Ar	Tracy'	's Landing				1 □ Yas 2X	□No	
	th with the 23a or 2		10e. Streef and Number 81 West Bayfront Rd.			10f. Zip Coda 20779			10g. Citizen of What Country? USA		
	2 should be filed within 72 hours after death with the Manyland and Mental Hygiene. Is marked other than "natural", or itema 23a or 28a-f ahow tarratic avent, the Medical Examinet must be notified at		11. Marital Status  1 Never Marriad 2 Marriad  3 X Vidowed 4 Divorced	12. Was Decedant Evar Armed Forcas? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates:	in U,S.	13. Was Decedent of If Yas, specify Control of Image 1	uban, Mexican,	n? (Specify Yas or No Puerto Rican, etc.)		e-Amarican Indian, k, White, atc. white	
			15. Decedent's Education (Specify only highast grade completed)		18a. D	18a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired)			16b. Kind of Business/Industry		
			Elementary/Secondery (0-12) College (1-4or 5+)			'ife. DO NOT use retired) oil burner mechanic			petroleum		
			17. Father's Name (First, Middle, Last)		01	1 bullier		s Name (First, Middle	-		
	a la b									"	
	d 2 should by th and Menta 7 Is marked traumatic av	70	Walter Compton  19a. informant's Name/Relationship (		19b. N	Mailing Address (Stre		Marie F		State Zin Code)	-
	nd 2 alth ar 27 is r trat		Lois L. Aylor/da	ug.				e, Edgewat		21037	
	Pages 1 and 2 ment of Haalth a ant: if itam 27 is ury or other tra		20a. Method of Disposition  1 2 Burial 2 Cremation 3 4 Donation 5 Other (Specific	Ramovai from State S	ob. Placa of D cemetery, t. Jam	isposition (Nama of cramatory or other p es Parish	Cem.	Data 12-14-96		City or Town, State	
altir	교육학교.		21. Signature of Funaral Service Licer		I	22. Name and Add	dress of Facility				
ä	Dem Depa Impo		Rausch Funeral Home, Owings, MD 20736								
	Centificate be associated by American and Medical Examiner as the burial-fransit as the burial-fransit as the burial-fransit as the burial-fransit as the burial-fransit as the burial-fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the burial fransit as the	iner	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death								
			Immediate Cause (Final disaasa or condition resulting in death)  Arterioselerotic Heart Disease years  Due to (or as a consequence of):								
68760,			_								
		Examiner	Sequentially list conditions,  b. / Y per tensions  Due to (or as a consequence of):								
			Sequentletty list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury								
387		Medical	that initiated events resulting in death) Last Dua to (or as a consequence of):								
Box 6	ding	Completed by Physician/Me	d								
	the death y the atter										
Ö			Part ii. Other afgnificant conditions of	f resulting in fl	in the underlying cause given in Part I.			23b. Did tobacco use contribute to the cause of death?  1 Yea 2 No 3 Probably 4 Unknown			
S, D											
Vital Records	s law requir							24a. Was perf	s an autopsy ormed?	24b. Were autopsy findia available prior to completion of caus- of death?	
Ä								10	Yes 200	1 ☐ Yes 2 ☐ No	
of	certificata	Be	25. Wes case referred to medical 26. Place of Death (Check only one)								
	S 00	To	examiner? 1 Yes 2 2 40 Other: 4 Nursing Home 5 Residence 8 Other (Specify)								
									be		
Sio	or Attan	cati	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of injury - At home, f building, etc. (Specify)			M 1 Yes 2 No					
Division		Certification:				, farm, street, factory, office			281. Location (Street and Number or Rural Routa Number, City or Town, State)		
	Hospital 24 hours a Funeral D ataly filled	Medical Ce	200 Codillor								
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29a. Certifier  (Check only one)  Certifying Physician: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.  Certifying Physician: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.								
P	To With		29b. Signature and title of certifier	0-	20		insa number	- 1		(Month, Day, Year)	
			Millen	Coursell		$\Box$	060	5 4	12/1	2/96	
	. 2		Millian Gramo Do DO6054 12/12/96  30, Nema and address of person who completed cause of deeth (Item 23a) (Type, Print)  11/11 Am P. Jones mo 695 America 21035								
	12	-									
	Sta Registr		DEC 1	32. Registrar's S	Saveles	Rardall					

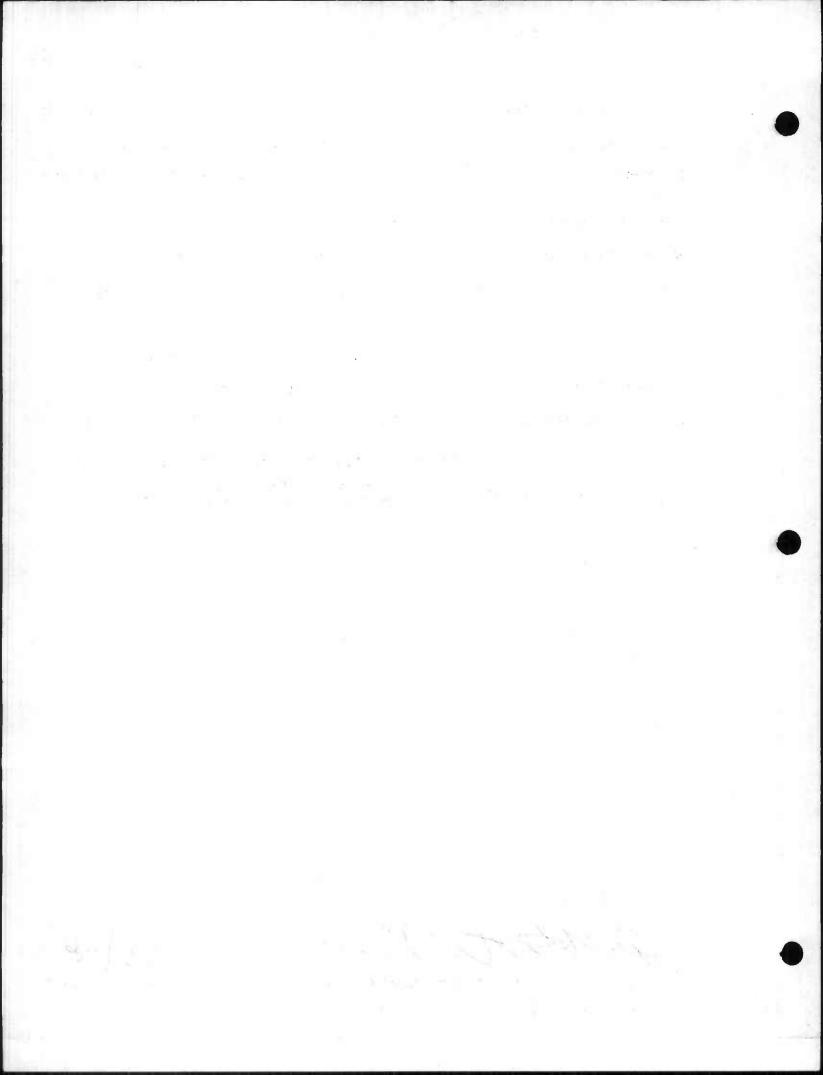


State of Maryland / Department of Health and Mental Hygiene

39469 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Dey Yeer Amy Danielle Durst 1996 Dec. 2:00 AM /Medical 4e. Fecility Neme (If not Institution, give straet end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Savage River Road Swanton If Under 24 Hrs. Carrett If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) **Funeral**  Birthplece (State or Foreign Country) Months Deys Hours 1 ☐ M 2 💢 F 21 Yrs. Director 214-98-5600 16, 1975 Aug. Pennsylvania Usuel Rasidance of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location ms 23a or 28a-f show 10d. Inside City Limits Director 1 ☐ Yes 2X No Maryland Garrett Grantsville 10e. Street end Number 10f. Zip Coda 10a. Citizen of Whet Country? 284 Hare Hollow Road 21.536 Funeral USA death неть: 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene.
Int: If Item 27 Is marked other than "naturel", or Ite The Medical Examiner Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collage (1-4or 5+) 12 Sales Clerk Retail traumatic event. Baltimore, Maryland 17. Fethar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Daniel C. Durst Brenda Resh 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) pemit. Pages 1 and 2:
Department of Health at
Important: If Itam 27 is
any injury or other trau Daniel C. Durst/Father 284 Hare Hollow Road: Grantsville, MD 21536 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ₺ Burial 2 ☐ Crametion 3 ☐ Removei from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Grantsville Cemetery Dec. 4,96 Grantsville, MD 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Newman Funeral Homes, P.A. euman P.O. BOx 275; Grantsville, MD 21.536 23a. Part 1. Enfer the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiec or respiratory errest, shock, of haert failure. List only one cause on each line. Approximate Interval Between Onset end Death Physician /Medical Immediete Ceusa (Finel Head, Neck, Chest Trauma immediate disease or condition resulting in deeth) **Examiner** Due to (or as e consequenca of): Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Lest and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. ed by the attending physician detached for use es the burie Physician/Medicai Dua to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical 26. Placa of Death (Check only one) exeminar? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Nother (Specification Avage River 2 After this 28b. Time of Injury 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? Certification: To the Hospital or must within 24 hours after deeth.

To the Funeral Director: After must be fulled in by the fur 5 Pending investigation 1 Naturel 1 Yes 2 No Dec. 1, 1996 2:00 A 2 Accident 6 Could not be determined 3 Suicide 28a. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To tha best of my knowledga, deeth occurred at the tima, data and piece, end dua to tha cause(s) end mannar as stated.

2 Medical Examiner: On the besis of axaminetion end/or invastigation, in my opinion, deeth occurred at the time, data and piace, end due to tha cause(s) end menner stated. Wedical (Check only one) 29b. Signature age 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Paul Daniel Miller, DO; 2008 Maryland Highway, Suite 6, Mt. Lake Park, MD 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State whi Davidson Randall DEC 13 Registrar



1□ Yes 2 No

21520

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.)

Specify

Specify:

16b. Kind of Business/Industry

DECEMBER 16, 1996

OAKLAND, MD 21550

14. Race - American Indian, Black White etc.

WHITE

USA

AM

			State	of Ma	ryland / Dep	artmer	t of	and N				39470
Physician /Medical	1. Decedent'a N	ame (First, Midd	DeBERRY						2. Date of Daa Month DECEMBI	Dav	Year 1996	3. Time of Death
Examiner		e (If not Institution URCH STI	n, give street end no REET	umber)				wn, or L LAND	ocation of Death		y of Death	
Funeral Director	5. Social Securit  235-20  Usual Residence	-6223	6. Sex 1 2 M 2 □ F	7. Aga 75	(In yrs. lest birthday) Yrs.	If Under Months	1 Yaa Days	24 Hrs. Min.	8. Data of Birth (Month, Day OCT 29	Year) 1921	9. Birthp Cour	plece (State or Foraign ntry) W VA
28a-f show notified at	10a. State MD	10b. County			10c. City, Town or Lo					1 3	1	10d. fnsida City Limits 1 ☐ Yas 2 No
vith the	10e. Street and I	Number		1		10f. Zip	Code			log. Citizen of	Whet Cour	ntry?

12. Was Decedent Ever In U.S. Armed Forces? 1 ∰ Yes 2 □ No If Yes, Give Year or Dates: WW II

d other than "natural", or itams 23s or 28s-event, the Medical Examiner must be notifi Pages 1 and 2 should be filed within 72 hours after death with the

by

11. Marital Status

29 CLOVER LANE

1 ☐ Never Married 2 ☐ Marriad

15. Decedent's Education (Specify only highest grade completed)

3 ☐ Widowed 4 N Divorced

Hygiene. permit. Pages 1 and 2 should be fit. Department of Health and Mental Hy important: If Item 27 is marked other any Injury or other 27.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

use as the bunal-transi and Division of Vital Records, P.O. Box 68760, attending physician The law requires that the death certificate be been signed by t should be detact or Attending Physicien: After this death. To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely

Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) APPLIANCE DEALER RETAIL SALES 17. Fathar's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Surnama) RUSSELL CALVIN DeBERRY ETHEL ANNA CASTEEL 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) ROBIN L. MURRAY - DAUGHTER 1017 MADISON ST. MT. LAKE PARK, MD 21550 20b. Place of Disposition (Nema of cemetery, cremetery or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GARRETT MEMORIAL GARDENS 12/15 OAKLAND, MARYLAND 21. Signature Tunevai Service Licensee 22. Name end Address of Facility P.O. BOX 243 M00167 DURST FUNERAL HOME -OAKLAND, MD 21550 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Betw Onset and Death Immediete Cause (Final disease or condition resulting in death) METASTATIC LUNG CARCINOMA Due to (or as e consequence of) Examiner Sequentially list conditions, if any, leading to Immediate cause. Entar Undarlying Cause (Diseasa or injury Due to (or as a consequence of): Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3⊠ Probably 4 Unknown Completed by Were autopsy findings available prior to 24a. Was an autopsy parformed? completion of ceuse of death? 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel examiner? Be 28. Place of Death (Check only one) Hospital: 2 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Dete of Injury (Month, Day Year) Certification: 28c. fnjury at Work? 28d. Describa how Injury occurred 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature 29c. License number 29d. Date signed (Month, Dey, Year)

D23979

311 N. FOURTH ST.

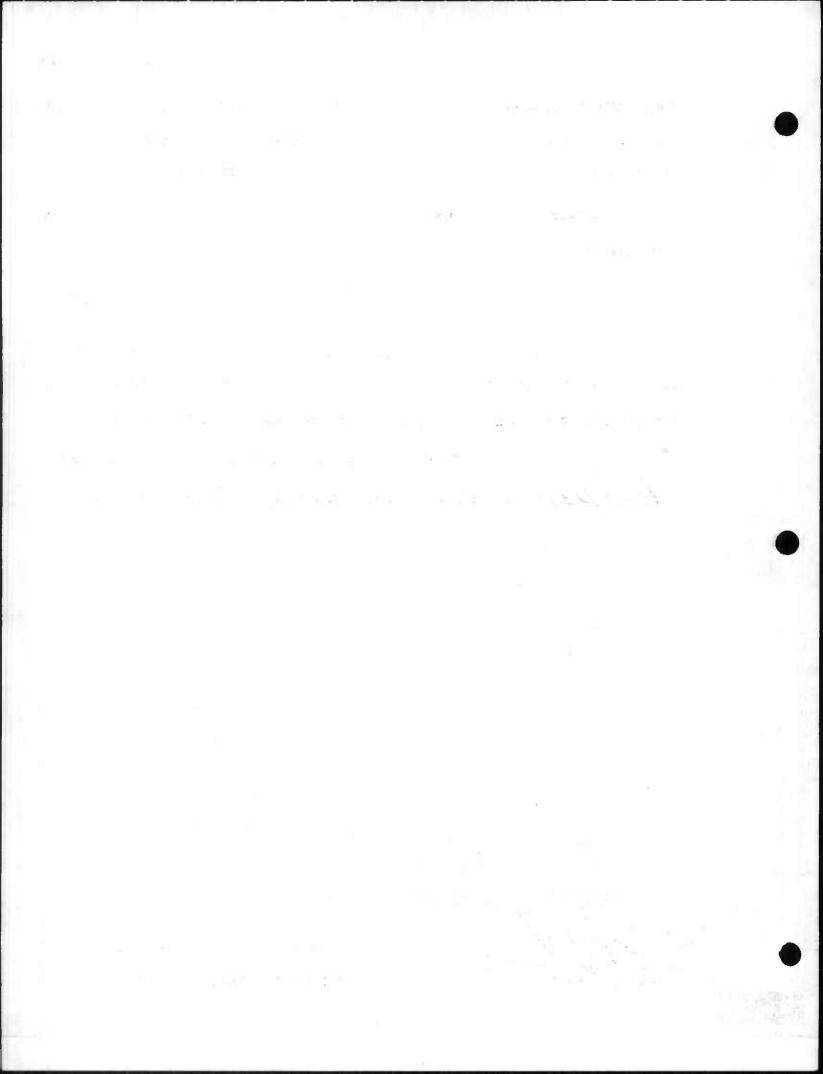
of IVA 110 State Registrar

31. Data filed (Month, Dey, Year) DEC 1

ROBERT A. GORALSKI, M.D.

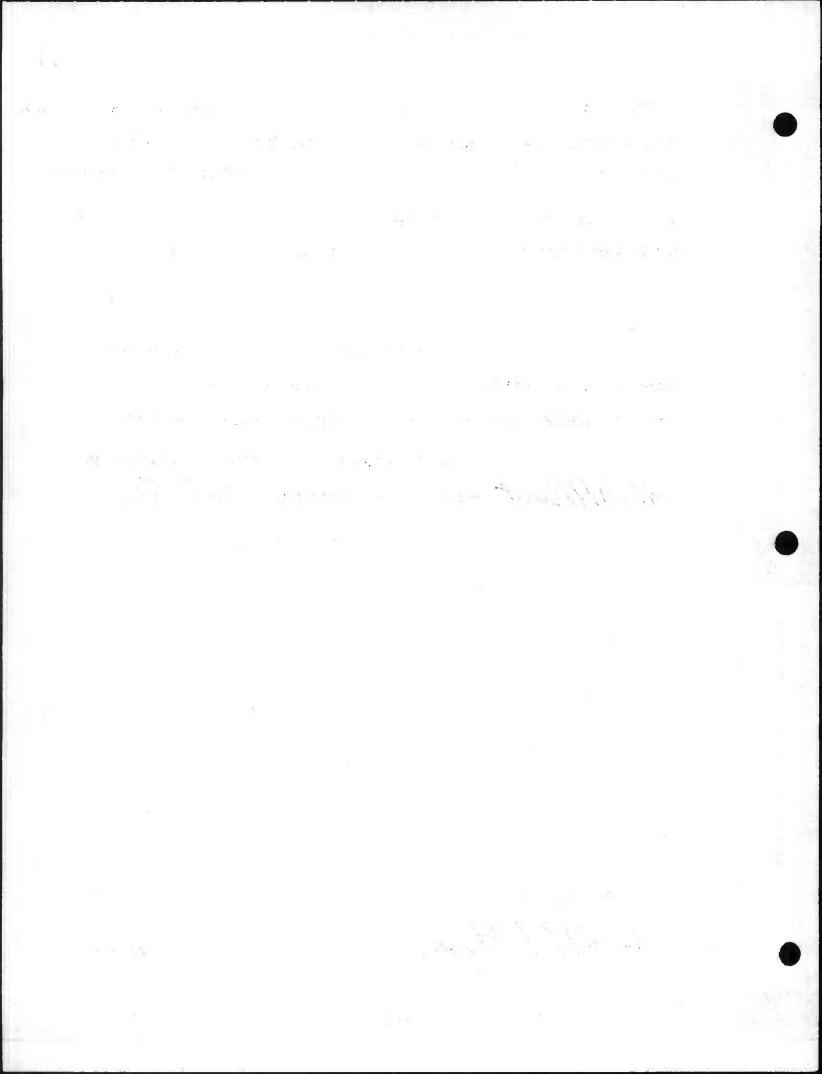
32. Registrar's Signatura Davidson Rangel

completed ceuse of death (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 96 39471

			Ce	rtificate of	Death		Reg. No.	0	33411
Physician	1. Decedant's Nama (First, Middla,					2. Data of Dea Month	ith Day	Year	3. Time of Death
/Medical		ECKMAN				DECEMBI	ER 16,		7:20
Examiner	4a. Facility Name (If not institution, s				4b. City, Town, or L				
	GARRETT COUNTY  5. Social Security Number 6		YITAL yrs. lest birthdey)	If Under 1 Year	OAKLAND  If Under 24 Hrs.			RETT	
Funeral Director	219-14-6236 Usual Residence of Decedent	1□ M 2 <b>X</b> F 73	Yrs.	Months Days		8. Date of Birtl (Month, De) AUG 1,	1923	9. Birthpli Count MA	ace (Steta or Fore RYLAND
wo ti	10a. State 10b. County	10c.	City, Town or Lo	ocation				10	d. Inside City Lim
tor ctor	MD GARRE	rr	OAKLAN	ID .					1X Yas 2□
virer must be notified from must be notified Funeral Director	10e. Street end Number 443 S. EIGHTH S'	TREET		10f. Zip Code	1550		USA	What Count	try?
0 5	11. Marital Status  1 ☐ Never Married 2 【 Marriac	If Yes, Give		Was Dacedent of If Yes, specify Cul 1 ☐ Yes 2 🛣 No	Hispanic Orlgin? (Spoen, Mexicen, Puerto	pacify Yes or No- Ricen, etc.)		ce - America ck, White, e	etc.
natural', o	3 Widowed 4 Divorced	Yaar or Dates:					Specif	WH	IITE
	15. Decadent's (Specify only highest of	Education rede completed)	16e. Dece (Give	dent's Usual Occu kind of work done	pation a during most of worl ad)	king	16b. Kind of B	usiness/Indi	ustry
omp	Elementary/Secondary (0-12)	College (1-4or 5+)		SES AIDE	90)		HEALT	H CARI	F
1 5 E I A	17. Father's Nama (First, Middle, La.	(t)	NOLL	DO AIDE	18. Mother's Nam	e (First Middle			•
0 0	FRANKLIN BLAI	R MURPHY				Y KING	moroan camon	10)	
7 is marked traumatic e	19a, tnformant's Name/Relationship		19b. Meilir	ng Address (Stree	t end Number or Ru	ral Route Numbe	r, City or Town,	, Stete, Zip I	Code)
NE	HENSEL R. DECKM	AN - HUSBAND	443	S. EIGH	TH ST. O	AKLAND,	MD 215	50	
5 = 0	20a. Method of Disposition 1 ☐ Buriel 2 🛣 Cramation 3		o. Placa of Dispo	sition (Neme of netory or other ple	eca)	Date	20c. Location	City or Tov	vn, Stata
Important: If its any injury or o	4 Donation 5 Other (Spec			REMATORY		12/19	MORGANI	OWN.	WV
mport any inj	21. Signatura of Funaval Service Lic			2. Nama end Addr			BOX 24		
ESS	Welent Hd	MOO!	L67 D	URST FUN	ERAL HOME			_	0
	23a. Part1. Enter the disease, or co shock, or heart failure. List on	inplications that coused the de					-	10	Approximate
sician	onod, or neutraliare. Elst on								Interval Betwaen Onset and Deeth
ledical	Immediate Cause (Final diseasa or condition	Acute 1	NYOTA	dist	inter	. tim			> he
aminer	resulting in death)	a. Acute n Due to	o (pr es a consec	quence of):	(10)	en (on			- 11
inei	0	Athenosa	Carotic	cardy	ovasaul.	in de	seano	,	485
Ing physician and e as the buriel-trensit  Medical Examiner	Sequentially list conditions,	Due to	(or as e conseq	uenca of):					100
clan burie	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Diabete	s mel	litus				1>	>104
s the bu	that initiated events resulting in death) Last	Due to	(or as a conseq	uence of):					1
ding is se as		d							
igned by the ettendibe deteched for us.  by Physician/									
ched ched	Part II. Other significant conditions			ndarlying ceuse gi	ven in Part I.	23b. Did to	obacco usa co	ntribute to 1	the cause of deal
deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a deteched for a detech	hypothyron	Al Tailux	e			· t□Y	es 200 No	3 Probe	ably 4 Unknown
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should l	1400 THY101	dism				24a. Was a perfor		avai	leble prior to
2 S D							-		eath?
Co Pa	AF WEST STORY					1 🗆 Y	es ZONO	10	Yes 2□ No
irector O Be	25. Was cese referred to medicel examiner?	Hospital:		- Ott	26. Piece of Deat		-/		
this ral di	1 Yes 2 No 27. Menner of Death	28a. Date of Injury	☐ ER/Outpatien	I SLI DOA		ome 5 Reside			
al Director: After this certificate he ed in by the funeral director, page Certification: To Be Com	1 Naturel 5 ☐ Pending	(Month, Dey Year)	28b. Time of Injury	Wo	rk? Yes 2 □ No	28d. Describe he	ow injury occur	red	
y the	3 ☐ Suicide 6 ☐ Could not	De Diago of Inium. At	home farm str			28f. Location (Si	treet and Numb	er or Burel	Poute Number
din din	4 ☐ Homicide determined	building, etc. (Spe	cify)	oot, locioly, ollica		City or Town	n, Stete)	or or ribrari	riodie railiber,
To the Funeral Direct completely filled In by Medical Certifi	29a. Certifier (Check only one)  12 Certifying P 2 Medical Exa	hysician: To the best of my ki miner: On the basis of exami end manner stated.	nowledge, death netion end/or inv	occurred et the tirestigation, in my o	me, date end place, opinion, death occurr	and due to the cred at the time, d	ause(s) and ma ete and place,	inner as ste and due to t	ted. he ceuse(s)
Se Se	29b. Signature and title of certifier	0011		29c. Licens	se number	2	9d. Date signed	d (Month, D	av. Year)
- 0	Dawlold	Kulston	A					1	
	20 Name and	TOUR	10		0035		10/16	194	•
1	30. Name and address of person who				0-11	MD 01	550		
64-1	Donald R. Richte	22 Parietrada Ci-		urive,	Uakland,	MD 21.	550		
State Registrar	31. Date filed (Month, Dey, Year) DEC 1 7 1	32. Registrer's Sig	I D	7					
regiotiai	- 1 1	196 Mi Davie	you have					•	



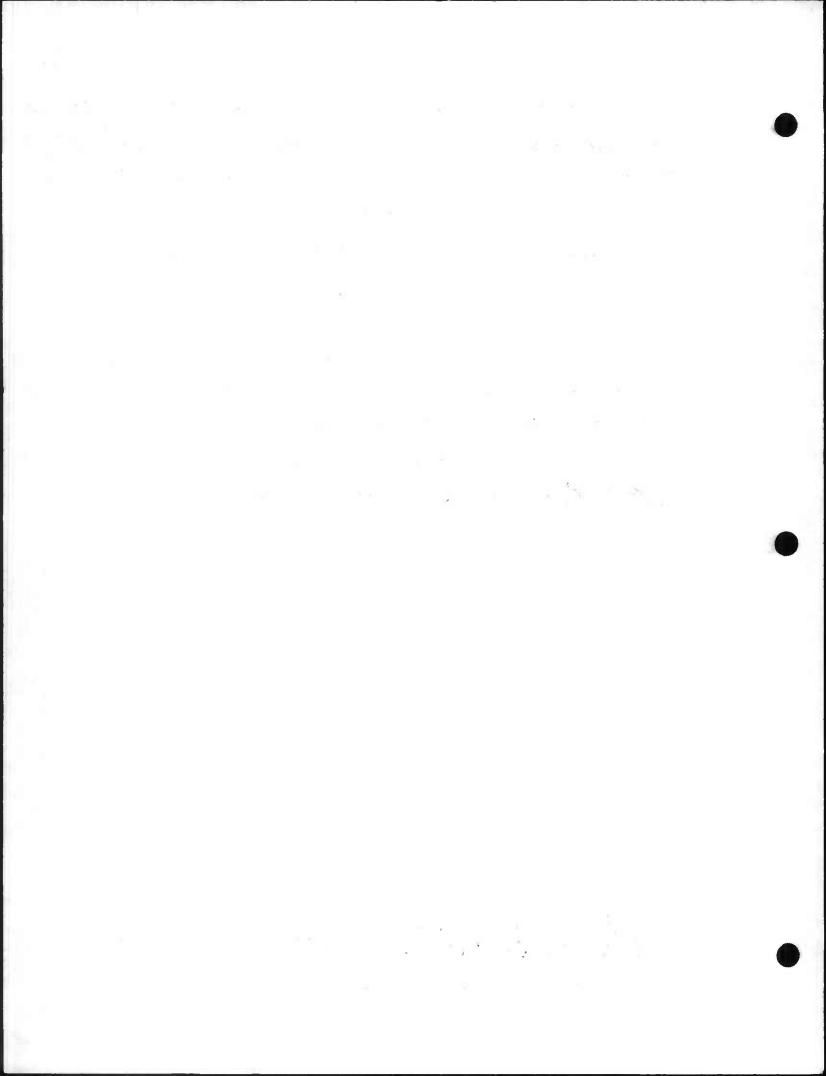
State of Maryland / Department of Health and Mental Hygiene

96 39472

					Ce	rtificate of	f Death		R	eg. No.		, , , , _
Physic /Med		Decedent's Nama (First, Middla, George		Milton		Emerson			2. Data of Dear Month Decembe	Day	Yaar	3. Tima of Death 1:00 A.N
Exam		4a. Facility Nama (If not Institution, 85 Skinners T	-				4b. City, Tow		cation of Death	4c. County		
Funera Director		5. Social Security Number 579-09-2165	6. Sax 1 ☐XM 2 ☐ F	7. Aga (In yrs. 9)		Months Day		24 Hrs. Min.	8. Data of Birth (Month, Day Jan 22	Year) 1904	9. Birthpiac County Mar	ca (Stata or Foraign yland
Maryland -f ehow	tor	Usuai Rasidance of Decedant  10a. Stata 10b. County  Maryland Calv	ert	10c. City	y, Town or Lo	ocation					100	1. Insida City Limits 1 ☐ Yas 2 🖁 No
with the a or 28a the noti	Directo	10e. Street and Number 85 Skinners		ad		10f. Zip Coda 2073			1	0g. Citizan of V USA	What Country	n
72 hours after death with the Maryland netural", or items 23s or 28s-f ehow ical Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Marrie  30XWidowed 4 Divorced	12. Was Dace Armed Fo	edent Evar in U, orcas? 2 ☑ No va		Was Decedant of If Yas, specify Cu	Hispanic Orig ban, Maxican,	in? (Spe Puarto I	ecify Yaa or No- Rican, atc.)	14. Rac Blac	e - American ck, Whita, atc	c.
within ene. than "	Completed	15. Decedant's (Specify only highast Elamantary/Secondary (0-12)	Education		' (Giva lifa.	dent's Usual Occi a kind of work don DO NOT usa retir aborer	a during most	of workii	ing	16b. Kind of Bu		stry
be filed tal Hyg d other event,	To Be Co	17. Fathar's Nama (First, Middla, L John	·	erson			18. Mothar		(First, Middle, I	Maiden Suman	Gray	
nd 2 sho lith and 27 is m	•	19a. Informant's Name/Raiationsh Randy Smith/gre			895	ng Addrass <i>(Stree</i> Skinner				ngs, MI		
permit. Pages 1 at Department of Hea Important: if item any injury or othe once.		20a. Mathod of Disposition 1   □ Burial 2 □ Cramation 4 □ Donation 5 □ Other (Sp.	ecify)	Stata	<ul><li>Hope</li></ul>	osition (Nama of matory or other pi	etery		1/14/96	20c. Location - Sunder	land,	
Depar Depar Impor any In		23a. Part1. Enter tha disease, or c shock, or heart fallura. List o	19.8	ewel	20 1		s Beac	h Rd	. Princ	e Frede		MD 20678
Physician /Medicate pe executed ling physician and per eas the burial-transit		Immediate Cause (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated evants	a	Due to (or	r as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a consecutive as a	quence of):	1/	ar	ncrea	se		Onsat and Death
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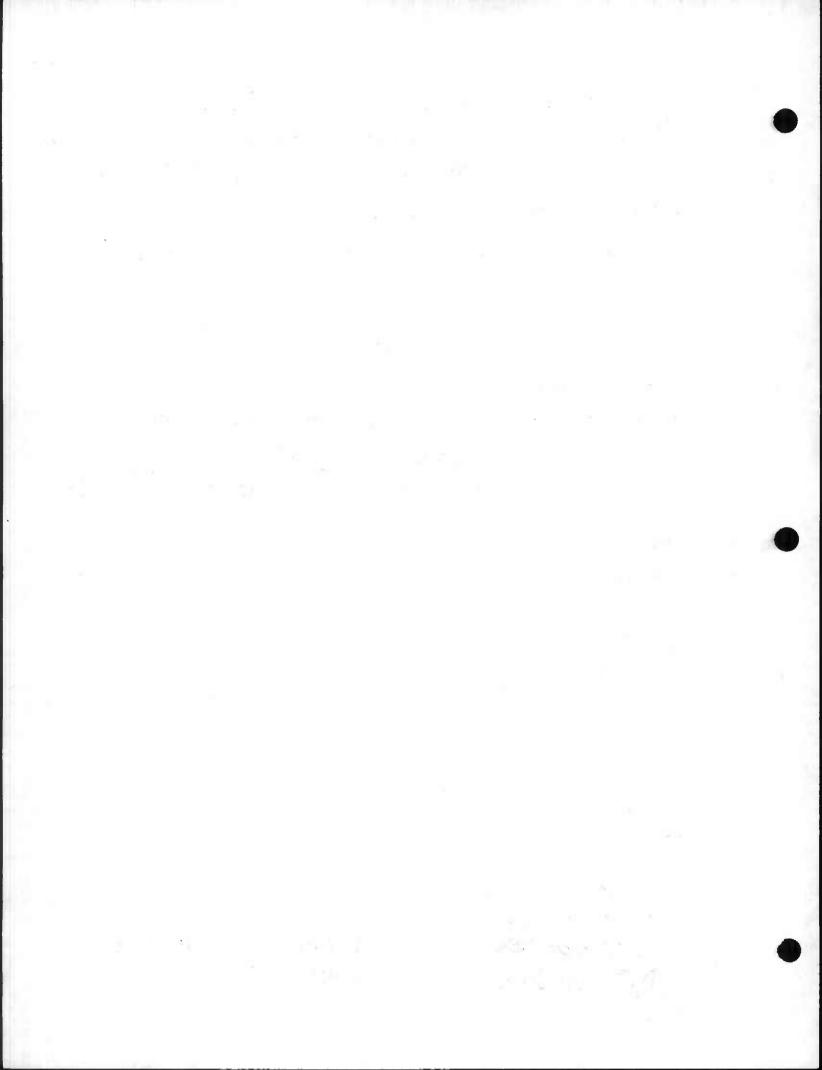
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permit. Pages 1 and 2 Department of Health s Important: If Item 27 Is any injury or other tra 2002.		20a. Method of Disposition  N Burial 2 ☐ Cramation 3 ☐	Removel from Steta	20b. Pieca of comate	Disposition (Neme y, cremetory or othe	of ar place)	Data	20c. Location		
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rificate be assouted my physician and as the burlet-transit	Medical Examiner	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last	b	Due to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or as a control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control of the to (or a) control			Effusio	on		
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aw requ	Completed I							s an autopsy ormed?	aveilab	autopsy findings ole prior to etion of cause th?
page .	Con						10	Yas 2 No	1 □ Ya	16 2□ No
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s after d	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of In building, at	ury - At home, fa c. <i>(Specify)</i>	rm, street, fectory, o	office	28f. Location ( City or To	(Street and Numb wn, Stete)	per or Rural Ro	oute Number,
To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by the fu	edical (	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	sician: To the best nar: On the basis o end manner st	f exeminetion en	, daeth occurred et Dor Invastigation, In	the time, dete and pla my opinion, deeth oc	ce, and due to tha curred at the time,	cause(s) end me data and piace,	ennar as stated	d. ceuse(s)
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16		** * (	ompleted cause of c	, , ,	** *		-			
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State of Maryland / Department of Health and Mental Hygiene 96 39474

					Certificate of	Death		Reg. No.		0 2 1 1 1
Phys	ician	1. Decedent's Neme (First, Middle, L	ast)	7		V	2. Date of D Month		Yeer	3. Time of Death
	dical	JEI	7N	Fos'	IER		DECEN	7	1996	8:45 Am
Exan	niner	4e. Facility Name (If not institution, ga		,,	^	4b. City, Town, or I	ocation of Dee			0
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<sub>c</sub> Funer			Sex 7. Age	(In yrs. last bir	Months Days		8. Dete of B	inth Year 1928	9. Birthp	olace (Stete or Foreign
Directo	OF-	5/8-30-9023	X .	67	Yrs.		Jan J	.3, 1920	Wilk	es Barre, PA
9		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Location				1.	10d. Inside City Limits
faryl ed at	5	24 7 7	County							1 ☐ Yes 2 ☐ TYO
or 28a-f show	Director	10e. Street and Number	Country	ra	ulkner					
20 after death with the Marylar or Nerns 23a or 28a-f show enrioer must be notified at					10f. Zlp Code			10g. Citizen of	What Coun	itry?
a 23	Funeral	9565 Saturn Drive			20632		4 14 11	United		
lter d	5	11. Marital Status  1 □ Never Married 2 □ Married	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 N		13. Was Decedent of I If Yes, specity Cub	an, Mexican, Puert	o Rican, etc.)	Bla	ce - Americ ck, White,	
020 ours at mir, or Examp	by		If Yes, Give Year or Dates:	0	1 □ Yes 2XXXIIo	Specify:		Specif	y: Wh	nite
15-002 72 hours "natural", adical Exa		15. Decedent's E		16a	Decedent's Lisual Occur	nation		16b. Kind of B	uelness/In	duetne
21215-0020 d within 72 hours at giene, rr than "natural", or r tha Medical Exam	plet	(Specify only highest gi	rade completed)		Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	during most of wor	king	TOD. TURIS OF D	4811103371110	dustry
2121 t within liene. them	Completed	Elementary/Secondary (0-12)	College (1-4or 5-		cretary			U.S. Go	vernm	ment
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lar Menta Seed by	ToB	John Henry Bra	ace			Violet	Mae Coo	chran		
Maryland d 2 should be lise th and Mental Hy T is marked othe traumatic event	-	19a. Informant's Neme/Relationship		19b	. Malling Address (Street		-		State, Zip	Code)
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other other		20a. Method of Disposition	-		Disposition (Neme of y, crematory or other ple			20c. Location		
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를 보면하다		21. Signature of Funeral Service Lice		TTTITE	22. Neme end Addre		Finer:			
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Examine	r	disease or condition resulting in death)	· M	May	mex or	y Cau	Cen		1	
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aw requisite bear 2 should	olet						реп	ormed?	cor	allable prior to mpletion of causa death?
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Of Vita Physician: rithis certifica	00	examiner?	Hospital:	4 0 T F D (O	Oth	28. Plece of Dea			40 11	
Phys of this are did	. To	27. Manper of Death	Hospital: Inpatien 28a. Dete of Injury	28b. T	ime of 28c. Injur			how fnjury occur		*)
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din t	Certification:	4 ☐ Homicide	building, etc.		,,, ,,			wn, Stete)		
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omp	ž	29b. Signature and title of confile	00		29c. Licens	e number		29d. Dete signe	d (Month, I	Dey, Year)
		> X///a	1 Hall		1	7605		12/12	191	
		30, Name and address of person who	completed cause of de-	ath (Item 23a) (	Type Print)	1004		V	100	
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s	tate	31. Date filed (Month, Day, Year)	32. Hegistra			1 124				
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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					Ce	rtificate of	Death		Reg. No.		
Physic	ian	Decedent's Nema (First, Middle, L.	ast)					2. Data of D Month	eeth Day	Year	3. Time of Death
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Exami		4a. Facility Neme (If not Institution, g	iva street and n	umber)			4b. City, Town, o	or Location of Dec	th 4c. County	of Death	
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Funeral			Sex	7. Age (In yrs		If Under 1 Yeer Months Days			irth	9. Births	niece (Stata or Foraign
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N T	ct	Maryland Worces	ter	Poc	omoke						XXYas 2 No
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month Day **Physician** DECEMBER 10.1996 50 am /Medicai 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HINTON MARYLAND PRINCE GEORGES DOUTHERN If Undar 24 Hrs. 5. Sociel Security Number If Undar 1 Yaar 8. Dete of Birth (Month, Day, Feb. 7, 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 M 2 XX Months Deys Hours Min 577-01-0919 Director Maryland Usual Residence of Decedent death with the Maryland 10e. Steta 10b. County 10c. City, Town or Location show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Maryland Prince George's 28a-f Upper Marlboro 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? or items 23a or 6611 Dowerhouse Road 20772 U.S.A. Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☐ 📆 o If Yes, Give 11 Marital Status Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indien, Black, White, etc. filed within 72 hours efter 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White Completed by 3℃Widowed 4 □ Divorced Yeer or Detes: naturel', 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry I Hygiena. Elementery/Secondary (0-12) 12 Collaga (1-4or 5+) N/A Saddlery Equipment Self-employed 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maiden Surname) Be Pages 1 and 2 should be nant of Haalth end Mental is marked o Leonard Early Margaret Robinson traumatic 0 19e. Intorment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Haalth e Important: If Itam 27 is any injury or other tra Leonard L. Gayer (Son) 6611 Dowerhouse Road Upper Marlboro, Maryland 20b. Pleca of Disposition (Name of cemetery, cramatory or other place) 20c. Location City of Town, Stete 20e. Method of Disposition 1 Burlel 2 Crametion 3 Removel from Stete Dec. 12 4 □ Donetion 5 □ Other (Specify) Washington National Cem. Suitland, Maryland 1996 22. Neme end Addrass of Facility 21. Signeture of Funerel Service Licansee Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Pert1. Entar the diseesa, or complications that causad the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart tailure. List only one cause on sech line. Approximate Interval Between Onset end Death **Physician** 0 /Medical Immediate Ceusa (Final diseese or condition resulting in deeth) **Examiner** Due to (or as e consequenca of). Examiner The law requires that the death certificate be executed burial-transit Sequentially list conditions, if eny, laading to immediata cause. Enter Underlying Cause (Disease or Injury thet Initiated events rasulting in daath) Last and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, nding physician Physician/Medical Dua to (or es e consequança ot): been signed by the a should be detached i Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveilable prior to completion of causa ot daeth? Completed 24e. Wes en autopsy performed? cartificata has been NA 1 Yes 2 No 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifics completely filled in by the funeral director, t Be 25. Wes casa reterred to medical 26. Piece of Deeth (Check only one) exeminer's Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 10 1 Yes 2 No MA 27. Manner of Death 28a. Dete of injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Tima of 28d. Describe how Injury occurred 44 1 Natural 5 Pending Injury 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Spacify) 4 Homicide 29e. Certifier 1 Cartifying Physician: To the best of my knowledga, death occurred et the time, dete and pleca, end due to the ceuse(s) end menner as steted. Medical 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner steted. 29b. Signeture and title of dentific 29c. Licensa number 29d. Data signed (Month, Day, Year) mo 30. Nama and addrass of person who complated causa of death (Itam 23e) (Type, Print)

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32. Registrer's Signature

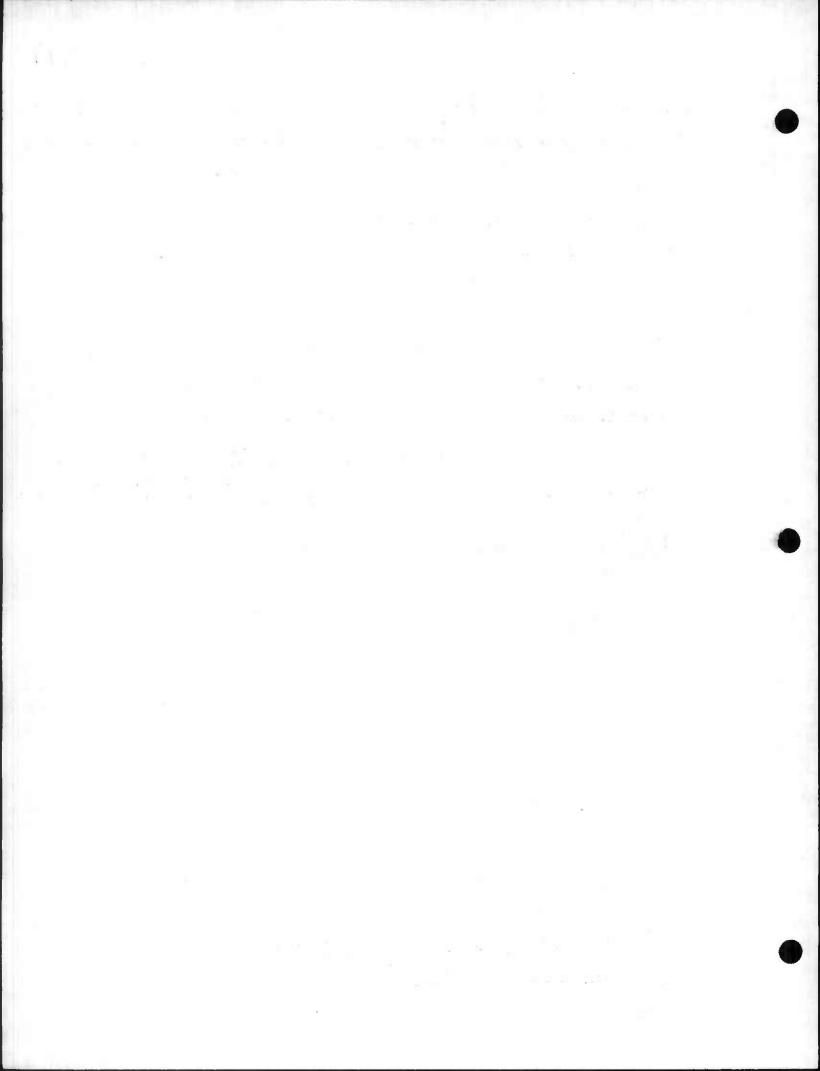
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31. Deta filad (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** December 17, 1996 Mary Gertrude Gould 0545 /Medical 4e. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Calvert Calvert Memorial Hospital Prince Frederick If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country)
 California 5. Social Security Number **Funeral** Days 1 M 2 1 F Yrs. Director 550 03 6968 November 3 1906 Usual Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Lusby 1 ☐ Yes X☐ No Maryland Calvert Director 10e. Street and Number 10g. Citizen of Whet Country? United States 10f. Zip Code 20657 491 Round-up Road death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter Hygiene. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specifywhite þ 3€ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) underwritter Auto insurance permit. Pages 1 and 2 should be file Department of Health end Mental Hy, Important: If flem 27 is marked othe any Injury or other traumatic event, obdes. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) William Hennessy Genevieve Magan 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)
P.O. Box 1216 Lusby Maryland 20657 19a. Informent's Neme/Reletionship (Type, Print) Patricia Spargo-daughter Our comments, Stanford the place December 17996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State Solomons Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licenses 22. Name and Address of Facility Rausch Funeral Hone PA 4405 Broomes Is. Rd. Port Republic Maryland 20676 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** immediate Cause (Final disease or condition resulting in death) /Medical PNEUMONIA Examiner Due to (or es e consequença of): Examiner RESPIRATORY FAILURE physician and the burial-trensit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last Due to (or es e consequence of) COPD Box 68760. Physician/Medical Due to (or es e con sequenca of): 98 use ō Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? the 1) Yes 2 No 3 Probably 4 Unknown Coron asm þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy certificate 1 ☐ Yes 200 No 1 □ Yes 2 □ No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 NursIng Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: Hospital or Attending 5 Pending 1 Neturei death. 1 ☐ Yes 2 ☐ No Investigation 2 ☐ Accident Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide • Funeral Di 29a. Certifier Medical 🔁 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as stated. within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ICAN. D36969 7 66

State Registrar 31. Dete filed (Month, Dey, Yeer)

DEC 17 1996

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)
Scaria Mathew MD. 11910 H. G. TRUEMPW RD

Signature Privilege Randall LUSBY

MD

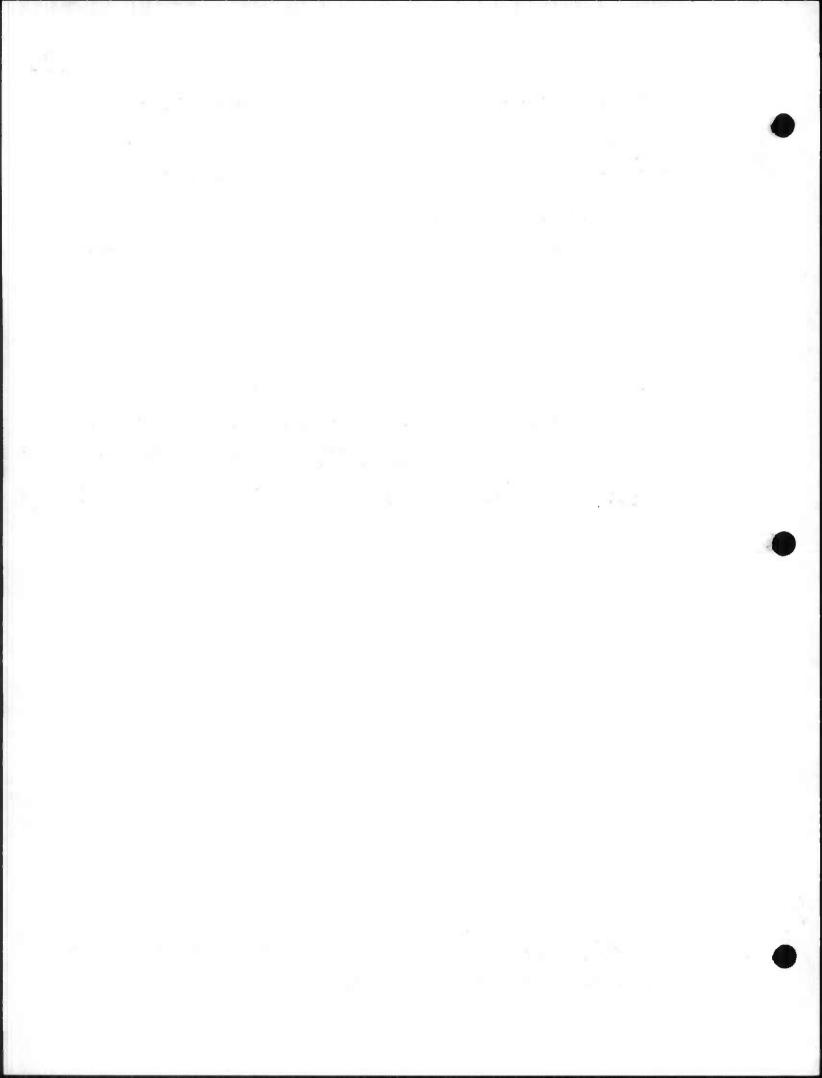
20657

Fig. 11

State of Maryland / Department of Health and Mental Hygiene

39479

						Cei	rtificate of	Death		Reg. No.		
	Physic /Medi		1. Decedent's Nama (First, Middle, L Angelo Carl G						2. Data of D	er 15, 199	6 <sup>Yaar</sup>	3. Tima of Death
)	Exami		4a. Facility Nama (If not institution, g	iva street and num	nber)			4b. City, Town,	or Location of Dea	th 4c. County	of Death	
			12938 Pine L	ane				Lusb	У	Cal	vert	
	Funeral Director		5. Social Sacurity Number 6. 579 18 5994	Sax 1⊠M 2□F	7. Aga (In yrs. I 74	ast birthday) Yrs.	If Undar 1 Yaar Months Days	If Under 24 H	lin. 8. Data of B. (Month, D		9. Birthpl Count	aca (Stata or Foraign try) hington I
	2		Usual Rasidance of Decedant									
	Marylan n-f show	tor	Maryland Calve	ert	1	, Town or Lo 1Sby	ocation				10	od. inside City Limits 1 ☐ Yas 🎗 ☐ No
	3a or 28	i Director	10e. Street and Number 12938 Pine Lat	ne	1		10f. Zlp Coda 20	657		10g. Citizen of V UNited		
0	72 hours after death with the Manyland "natural", or items 23s or 28s-f show odical Examiner must be notified at	Funeral	11. Marital Status 1 ☐ Nevar Married 2⊠ Married	Armed For	2 □ No		Was Decedant of H		(Specify Yas or Nearto Rican, atc.)		e - Amarica ck, Whita, a	atc.
02	Surs Fer.	by	3 ☐ Widowed 4 ☐ Divorced	Year or Da	tas: WWII		1□ Yas 2□ No	Specify:		Specify	v: WI	nite
212-0	5	Completed	15. Decedant's Elemantary/Secondary (0-12)	Education rada complated)  Collaga (1-	Aor Es	(Giva	dent's Usual Occup kind of work dona DO NOT usa retire	during most of v	working	16b. Kind of B	usinass/Ind	ustry
7	filed within Hygiene. ther then ent, the M	E O	12	Collaga (1-	401 54)	carı	penter			Buile	ding	
9	i Hygid ofther ont, II	Be C	17. Fathar's Nama (First, Middla, Las	st)				18. Mothar's N	Nama (First, Middle			
Niar	should be and Mental marked or umatic eve	ToB	Fortunato Gio:			T			ie Brig			
, Ma	od 2		19a. Informant's Name/Ralationship Charlotte A. (		-wife		ng Addrass (Street 38 Pine					
Baitimore, Maryland 21215-0020			20a. Mathod of Disposition  1 XBurial 2 Cramation 3 4 Donation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control		itata Mar	lace of Dispo ematary, crer cylano	sition (Nama of matory or other pla d Veter	dember ans Cei	18, 19 metery	20c. Location - 96Chelt	City or To	wn, Stata am Maryla
Bait	permit. Page: Department of Important: If i eny injury or once.		21. Signature of Funerel Sarvice Lice	ensee		22	2. Nama and Addra	ss of Facility R	ausch F	uneral	Home	PA 206
			23a. Part1. Entar tha disaasa, or cor	mplications that ca	usad the death						publ	Approximata
厂	Physician /Medical Examiner		shock, or haert failura. List only Immediata Cause (Finel disaasa or condition rasulting in death)		TASTA	TTL as a consec	SIATO quance of):	Dir	(And F	~_		Interval Between Onsat and Death
	and il-transit	Examiner	Sequentially list conditions, if any, leading to immediate	b	Dua to (or	as a conseq	juanca of):				1	
68/60,	certificate be executed thing physician and use as the burial-transit		Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or injury that initiated events rasulting in death) Last	c	Dua to (or	as a conseq	uance of):					
×	_ 5 3	an/Medical		d								
0	death e atter	Sicle	Part It. Other eignificant conditions	contributing to dea	ath but not resu	itina In the u	ndarlving causa giv	/an in Part I.	23b. Did	tobacco une co	ntribute to	the cause of death?
	requires that the death neen signed by the atte hould be detached for	by Physician	COROLARY			_				Yee 2110		ably 4 Unknown
or Vital Records,	_ 0	Completed b						****		s en eutopsy ormed?	ava	ra eutopsy findings illabla prior to inplation of causa
T T	@ S C	E								v -r4		leath?
U			or Manager and the second	T				2.17		Yas 2 No	11	Yas 2□No
5	Physician: this certific ral director,	B	25. Was casa rafarrad to medical axaminar?	Hospital:			Oth	or:	Death (Check only			
0	this ai di	2	1 Yas 2 No	1 □ in	patiant 2 E		IT BUDOA	4 LI Nursing	Homa 5 Ares			)
LOIS	Attending For death.  ector: After by the funer	ation	1 □Natural 5 □ Panding 2 □ Accidant invastigation	on	Day Year)	28b. Tima of Injury	Wor	rk? Yas 2 □ No	28d. Describe	how Injury occur	red	
5	of or Attendent after deat Director:	Certification:	3 Suicida 6 Could not l 4 Homicida datamined	28a. Place C	of Injury - At hor g, etc. (Specify,	ma, farm, str	eat, factory, office			(Street and Numb wn, Stata)	per or Rural	Routa Number,
	To the Hospital or Attending Ph Within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Cartifier (Check only one)	hyeiclan: To tha b miner: On tha bes and manns	sis of exeminati-	vledga, daath on and/or inv	occurred at the timestigation, in my contractions	me, dete end ple opinion, death oc	ace, and dua to the ocurred at the time	ceuse(s) and ma date and place,	inner as ste and dua to	ated. the causa(s)
0	within 24 I To the Fu completel	Me	29b. Signature and title of cuffiller	26	1		29c. Licans	ACT TO TOTAL IN	0	29d. Dete signe		Day, Year)
,	40		30. Name and address of person who	completed cause	of deeth (Item	23a) (Type,	Print)	6350			, ,	1990
			John H. Weigel, M.I				rrecenck	raryland	206/8			
	Sta Registr		31. Day 6 filled (Month, Day, Year)  DEC 1	8 1996	gistrar's Signati	ura Ruckson-b	Rardall					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Elevith 2. Detect Deeth Detember Dev 15, 1996 1:00a.m. Physician Horace Humm /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Charles 3521 Smoketree Court Waldorf If Under 1 Yeer | If Under 24 Hrs. Months | Deys | Hours | Min. 7. Age (In yrs. lest birthdey) 85 vre 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1 MM 2□ F Yrs Director 217-22-6064 Oct 26, 1911 Maryland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location show 10d. Inside City Limits rail, or items 23s or 28s-f show Examiner must be notified at Maryland Charles Waldorf Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 3521 Smoketree Court 20602 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indian, Pages 1 and 2 should be filed within 72 hours after or and of Health and Mertall Hygiene.
It! I flem 27 is marked other than "netural", or fler ity or other traumatic event, the Medical Expansion. Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 Merried Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 💹 Yo þ 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Cabinet Maker Dept of Navy 12 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be Harry Edward Humm Lilly May Gills 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3521 Smoketree Court, Waldorf, Maryland 20602 Marie H. Humm (WIFE) permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once. 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Lee Crematory Dec 16, 1996 Clinton, Maryland 22. Name end Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Intervel Between Onset and Death Physician /Medical Immediete Cause (Finei diseese or condition resulting In deeth) Examiner Congestive Heart Failure Dua to (or as e consequance of): physician and s the burial-transit the death certificate be asscuted Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or es e consequença of): Physiclan/Medical Due to (or es e consequence of): 88 980 P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wunknown signed t Records, ģ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? has certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: funeral director, 25. Was case referred to medical exeminer? Be 26. Pleca of Death (Check only one) 1 Yes Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Neturel 5 Pending Hospital or Attending n 24 hours after death.
 Funeral Director: After 2 Accident Investigetion 1 ☐ Yes 2 ☐ No 3 Suicide 8 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 D Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and dua to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier completely (Check only one) within 2 To the 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D28352 December 16,1996

P.O. Box 2729, La PLata, MD

State Registrar 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

M.D.

1996 State Signature Randall

Krishan Mathur,

State of Maryland / Department of Health and Mental Hygiene

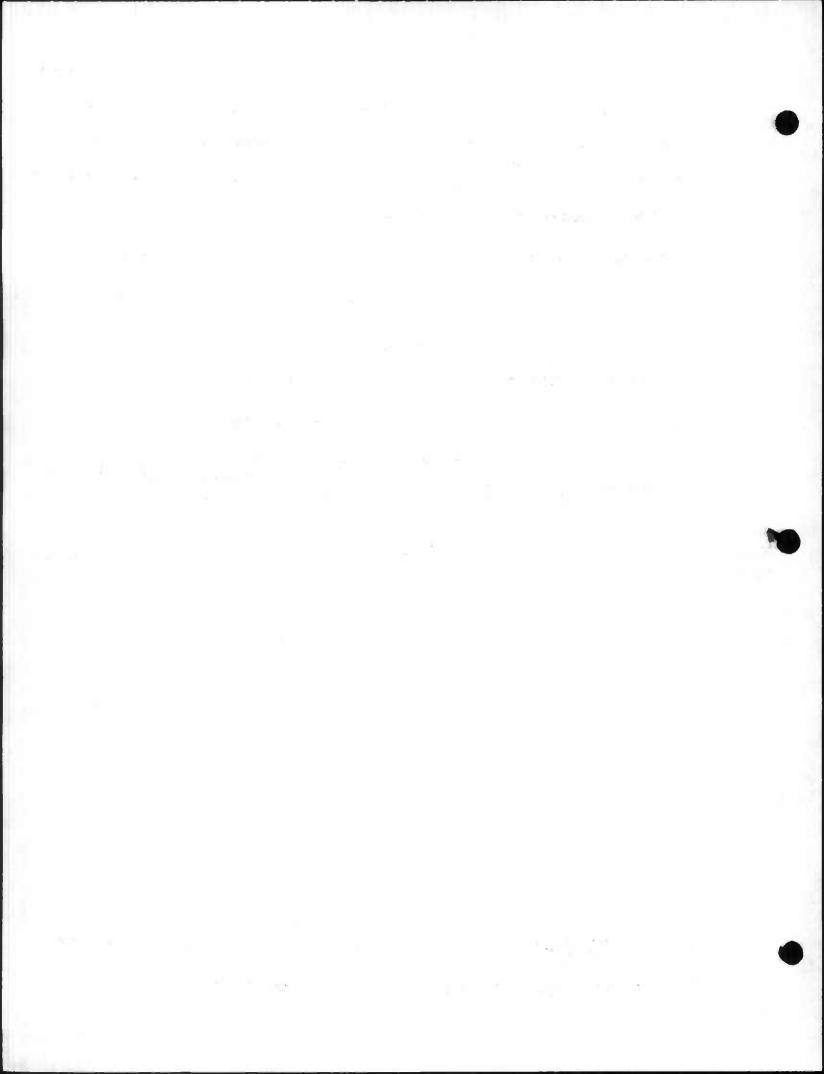
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Virginia Hill Dec 9 1996 /Medicai 3:39 P.M. 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 2218 Brinkley Road (RESIDENCE) Prince George's Fort Washinton 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) **Funeral**  Birthpiece (State or Foreign Country) 1 □ M 200 Deys Director 577-22-0848 July 24, 1922 Washington DC the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show "natural", or items 23a or 28a-f shov Maryland Prince George 's Director Fort Washington 1 ☐ Yes 2 XX 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with enert of Health and Mertal Hygiene.

In: If item 27 is marked other than "natural; or items 23s or use or or or other traumatic event, Its Means Examiner man 2218 Brinkley Road 20744 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Yes 27No f Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify: White 3 √Widowed 4 ☐ Divorcad 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) Housewife Home 10th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Marcus Helmer Forness Lucille Marshall Wydell 19e. Informent'e Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Linda Meador P.O. Box 62 Maple, North Carolina, 27956 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method ot Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removal from Stete 4 Donetlon 5 Other (Specify) Department of Important: If any injury or page. Sharon Cemetery Dec 12, 1996 Middleburg, Va 21. Signature of Funerei Service Licensee 22. Name end Address of FecilityLee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart tellure. List only one cause on each line. Physician /Medical Courcer, Unknown primary 4 immediate Cause (Final disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner The law requires that the death certificata be executed the burial-transi Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Due to (or es e consequence of) for use as Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? sate has been signed by page 2 should be detacl 1 Yes 2 No 3 Probably Wunknown Records, þ Completed 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? certificate has 1 Yes 2 No 1 □ Yes 2 □ No Division of Vital spital or Attending Physician: The hours after death.

neral Director: After this certificate y filled in by the funeral director, pa Be 25. Wes cese referred to medical 28. Piece of Death (Check only one) 1 Yes 2√ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) <sup>2</sup> 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menger of Deeth 28a. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation Neturei 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, term, street, tactory, office bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide To the Hospital c within 24 hours at To the Funeral D completaly filled i Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner steted. 29a, Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) December 10,1996 30. Name end eddress of person who completed ceuse of deeth (item 23e) (Type, Print) Ashraf M. Meelu, MD #2 St. Patrick
31. Dete flied (Month, Dey, Year)
DEC1 7 1996 July Duris Randall #2 St. Patrick Drive, Ste 105, Waldorf, Md State Registrar

DHMH 16 Rev 6/95



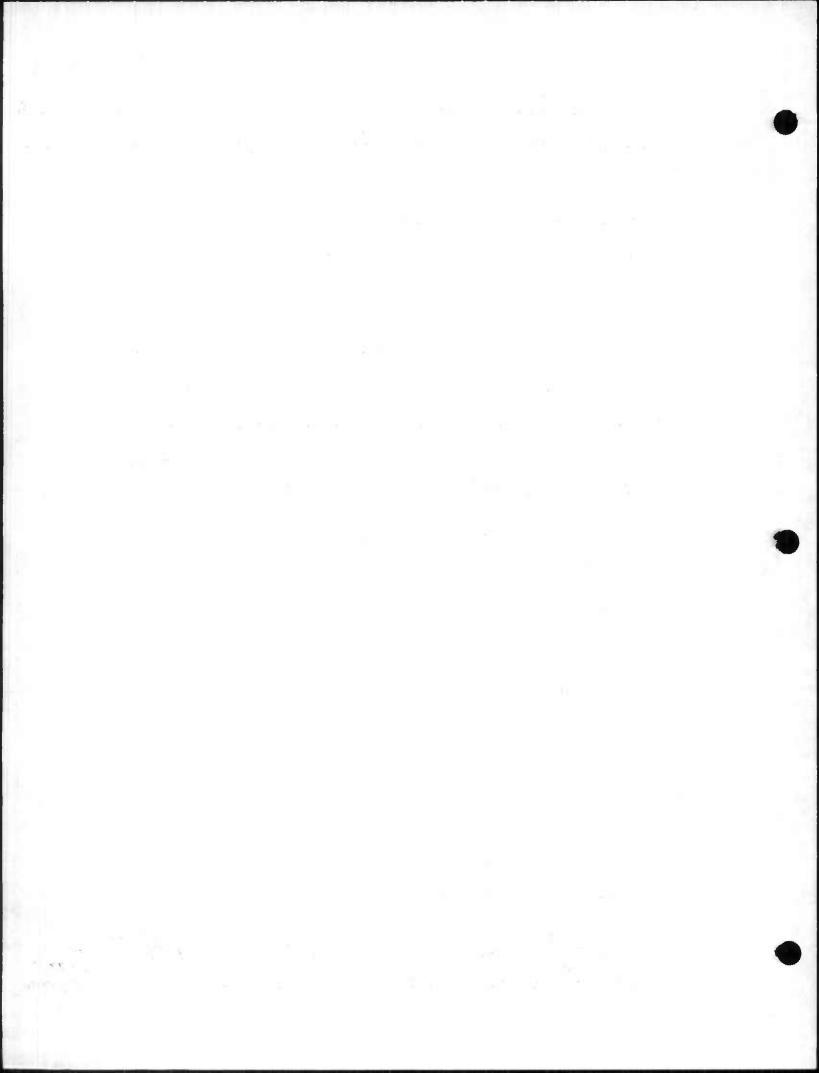
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month IRBINIA 0. DECEMBER 12-1996 /Medicai 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SOUTHERN MARYLAND HOSPITAL LINTON PLINCE If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days 1□M 2QF Director 230-26-6847 70 Feb. 26, 1926 Virginia Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Pr. George's Clinton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 7715 Colonial Lane 20735 USA Items 23a Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☐ No Specify: White by 3℃ Widowed 4 Divorced "natural". Completed traumatic event, the Medical 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed within 7. Department of Heelth and Mental Hygiene. important: If item 27 is marked other than \*na any injury or other traumatic event, I'm Media. (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Secretary Andrews AFB 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Clarence Lee Oliff Mamie Elizabeth Beaslev 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Emily L. Booth - Sister 5310 59th Ave., Riverdale, MD 20737 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State 4 Donation S □ Other (Specify) Trinity Memorial Gardens 12-14 Waldorf, Md marki Service Licensed 21. Signature of FA 22. Name end Address of Facility lug Huntt Funeral Home, Inc. Mark G. Brohawn M00053 P. O. box 156, Waldorf, MD 20604-0156.

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last Due to (or as a consequence of): Records, P.O. Box 68760, attending physician Physician/Medical Due to (or as e consequence of). ed by the a Part It. Other significant conditions contributing to 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown should be deta by Be Completed 24b. Were autopsy findings evelleble prior to completion of cause of death? 24a. Was an autopsy performed? After this certificate has 1 Yes 2 No Division of Vital Hospital or Attending Physician: 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 Yes 2 No death. 2 ☐ Accident Director: / 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital or A within 24 hours after To the Funeral Directompletely filled in b 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 30. Neme and address leted cause of death (Item 23a) (Type, Print) 20735 KAUFMAN Louis 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature State Julia Davidson Randall DEC1 Registrar

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State of Maryland / Department of Health and Mental Hygiene

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3 Time of Death

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31. Data filed (Month, Day, Year)

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month **Physician** Edith Harvey 10, 1996 December 6:45 A.M. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1100 Lower Marlboro Road Huntingtown Calvert If Under 1 Year If Under 24 Hrs. 8, Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□ M 2X F 85 212-24-4446 Yrs. Director May 15, 1911 Maryland Usual Rasidanca of Decedant the Maryland 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "naturel", or Nems 23s or 28s-f show treumstic event, the Modical Examener must be notified at 1 ☐ Yas 2 No Director Maryland Calvert Huntingtown 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? With 1100 Lower Marlboro Road 20639 USA Funeral death 12. Was Decedant Evar in U,S. Armed Forcaş? 1 ☐ Yas 2 ☑No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, alc. permit. Pages 1 and 2 should be filed within 72 hours efter a Department of Health end Mental Hygiene. Important: If frem 27 ie marked other than "natural" any injury or other treumatic average. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: þ Black Specify: 3 Nidowed 4 Divorced Completed 15. Decedant's Education (Spacify only highast grada completed) 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Farmer Farming 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Be Benjamin Hicks Laura 2 Jackson 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Viola Carroll/daughter 1100 Lower Marlboro Road Huntingtown, MD 20639 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Apostolic Faith Chr. Cem. 12/14/96 Owings, MD 22. Nama and Addrass of Facility Sewell Funeral Home 21. Signature of Funeral Service Licensee Figure 1 Approximate 1451 Dares Beach Rd. Prince Frederick, MD 20678

En ar tha disaasa, or complications that caused tha death. Do not entar tha mode of dying, such as cardiac or respiratory arrast,

Approximate Approximata Intarval Between Onsat and Death **Physician** UTERINE CARCINOSARCOMA 8 months /Medical Immediata Causa (Final disaasa or condition rasulting In daath) Examiner Examine The lew requires that the deeth certificate be executed Sequantially list conditions, if any, leading to immadiata cause. Entar Underlying Ceuse (Disease or Injury that initiated avents rasulting in deeth) Last Dua to (or es a consequence of): Division of Vital Records, P.O. Box 68760. ettending physician for use es the burie Physician/Medical Dua to (or as a consequence of) signed by the et d be detached fo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco usa contributs to the cause of death? RENAL 1 Yss 2 No 3 Probably 4 Unknown FAILURE þ 24b. Ware autopsy findings available prior to complation of causa of death? Completed HYPO ALBUNEMIA 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No certificate i or Attending Physicien: after deeth. Director: After this certifice 25. Was casa referred to medical axaminar? Be 26. Plece of Deeth (Check only one) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mennar of Death 28b. Tima of Injury 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 1 X Natural 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accidant 6 Could not be determined 3 Sulcida Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of tnjury - At home, ferm, street, factory, office building, atc. (Specify) In by 4 Homicide Hospital edical 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledge, deeth occurrad at tha time, date end plece, end due to the ceuse(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. \$ 29b. Signatura and title of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) 2 00 30. Name and addrass of person who completed causa of daath (Item 23e) (Type, Print)

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Jani Davidson Rardall

32. Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene 96

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1. Decedent's Name (First, Middle, Last)  2. Data of Death  Month  North  2. Data of Death							Certificate	of L	Death			Reg. No.	0	2101
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	ro the	M	29b. Signature and title of certifier	0		29c. Licens	se number	25	d. Data signe	d (Month,	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene

		Reg.	No

39486

Certificate of Death 1. Decedent's Name (First, Middla, Last, 2. Date of Death 3. Time of Death December 15, 1996 1:30p.m. **Physician** Leroy Highe, Jr. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Charles 2179 Marshall HAll Road Bryans Road 6. Sex 1 2 M 2 ☐ F If Under 1 Yeer | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, 9. Birthplace (Stata or Foreign **Funeral** Days Hours Yrs. 81 **Birector** 577-54-4686 1915 TENNESSEE APRIL 1 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 ie marked other than "naturel", or Items 23s or 28a-f ehow traumstic event, the Medical Examerer mast be notified al 1 ☐ Yes 2 🔯 No Director MARYLAND CHARLES BRYANS ROAD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20616 UNITED STATES #2179 MARSHALL HALL ROAD death Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ØYes 2 □ No 1940— If Yes, Give Yeer or Dates: 1959 Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Biack, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer begartnent of Health and Mental Hygiene. If them 27 is marked other than "naturel", or the eny Injury or other traumatic event 1 Never Merried 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: ρ Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usuai Occupation 16b. Kind of Business/industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) Eiementery/Secondery (0-12) College (1-4or 5+) 8TH GRADE EXPLOSIVE WORKER GOVERNMENT 17, Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surneme) Be UNKNOWN LEROY HIGHE, SR. ည 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) JOSEPH H. MORTON/BROTHER-IN-LAW #2231 MARSHALL HALL ROAD, BRYANS ROAD, MD. 20616 20b. Piace of Disposition (Nama of cemetary, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 N Buriel 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) 21 Springere of Funeral Service/Licenses MARYLAND VETERAN CEMETERY 12/19/96 CHELTENHAM, MARYLAND 22. Name and Address of Fecility THORNTON FUNERAL HOME, P.A. WHISON MO0583 #3439 LIVINGSTON ROAD, INDIAN HEAD, MD. 20640 DIA C. THORNTON 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Chronic Aspiration pneumonia 15 disease or condition resulting in death) Examiner Due to (or as a consequence ot): ACCIDENTI CERERRO-VAS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physician s the burial Box 68760. 8 Physician/Medical Due to (or es e consequence of): USB 85 ò P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. detached 23b. Did tobacco use contributs to the cause of death? the signed by t 1 Yss 2 No 3 Probably 4 Unknown Records, þ page 2 should Completed 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? peed completion of cause of death? has certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physicien: Be 25. Was case referred to medical 26. Piace of Death (Check only ona) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ٩ 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Day Year) 27. Manner of Deat 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After Natural 5 Pending Investigation death. 1 Yes 2 No 2 Accident or Attendi after death Director: A 3 Suicide 6 Could not be determined 28e. Piace of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in \*Exertifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end manner steted. Medicai 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D28352 December 16,1996 30. Name and address of person who completed cause of death (item 23a) (Type, Print) Krishan Mathur, M.D. - P.O. Box 2729 , La Plata, MD 20646

32. Registrar's Signeture

Julia Stwalson Rardall

**DHMH 16 Rev 6/95** 

State

Registrar

31. Date filed (Month, Day, Year)

8 1996

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State of Maryland / Department of Health and Mental Hygiene

39487

Certificate of Death 2. Date of Deeth 3. Time of Death Month **Physician** OliE E. F. C. JOHNSON 6:00 A.M. 10 /Medical 4a. Facility Name (If not Institution, giva street end number) 4b. City, Town, or Location of Death
SAl:Sbury 4c. County of Deeth Examiner WATERVIEW Health Care C Wicomico enter 5. Social Security Number 2/2-12-3312 If Under 1 Year Months Deys 6. Sex If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, 9. Birthplece (Steta or Foreign Country) **Funeral** Hours Min. 1□ M 2 🕱 F Director Usual Residence of Decedent death with the Maryland 10a. State 10c. City, Town or Location show 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Madical Examiner must be notified at MD ARion OMERSET 1 Yes 2 □ No Director Street and Number 10f. Zip Code 10g. Citizen of What Country? 1838 Box Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 11. Meritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item eny injury or other traumatic event, the Medical Example page. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 20 No Black þ Specify: Specify: 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highast grade completed) Decedent's Usuel Occupetion
 (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) aDOLEL 10 18. Mother's Neme (First, Middle, Meiden Surname) 17. Fether's Name (First, Middle, Last) Coulbourne Addic Coulbourne John 2 19a Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 154 Kutus Marion SON MD 21838 Johnson 20b. Plece of Disposition (Name of 20e. Method of Disposition Date 20c. Location - City or Town, Stete crematory or other plece) 1 Burial 2 Cremetion 3 Removel from Stete 12-14-96 Pece Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) and Lenter the disease of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Physician /Medical Immediete Cause (Final diseese or condition resulting in death) CUA. Examiner Due to (or es a consequence of) Examiner DECUBITION HID the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): ed by the atter Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Š should I 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 1 Tyes 1 ☐ Yes 27 No certificata Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral director. 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 450Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Tima of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1. Neturat 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by the 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homleide 29a. Certifier Medical Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medicat Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and dua to the cause(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Mauny 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Hed (Monty 996 ear) July Sand Food And Anterior

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F	Observator		1. Decedent's Name (Fi	irst, Middla, Las	it)					2. Deta of D			Time of Death
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Viita	Physician: The this certificata rai director, pag	o Be	25. Was case referred to examiner?		Hospitai:			Ott	her:	f Death (Check only			
10	E 5 5	<del> </del>	1 Yes 2 No 27. Menner of Death		26a. Data	ot Injury	28b. Tima of	28c. Inju	4   Iduis	Ing Home 5- Res	sidence 6 ⊟Oti a how injury occu		
Sior	Attending In death.	catio	2 Accident	Pending invastigation		th, Day Year)	Injury		Yas 2 No				
Division of	after de Directe	ertification:	3 ☐ Suicide 6 [ 4 ☐ Homicida	Could not be determined	204. FIECE	of Injury - At h	ome, ferm, stra fy)	eet, factory, office			(Street and Num. own, Stata)	ber or Rural Rou	rta Number,
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edicai C	29a. Certifiar 187 (Check only one)	Certifying Phy Medical Exam	Iner: On the bi	best of my kno asis of axamina nar steted.	owiedge, daeth ation end/or inv	occurred at the tivastigation, in my	ma, data and popinion, daath	piace, and due to the occurred et tha time	a causa(a) and m o, date and piace,	anner as stated, and dua to the	cause(a)
	Within To the	Me	29b. Signeture and titia	of certifier	0			29c. Licens	se number		29d. Deta signe	ed (Month, Day,	Year)
			Citt	tein	For	MAL	Muy	104	1523	35	12/1	7/96	
	12		30. Nama and address of Catherin				m 23a) (Type, Owings		736				7.77
	Sta	te	31. Date tliad (Month, De	ay, Year)	32. R	egistrar a Sign	atura		7730				
	Registr	ar		DEC 18	1996	Julia d	avilson-A	ardall					

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)	sa Kirv	van			PATE OF DEATH	1 9	2. TIME OF DEATH 4:30 P M				
	219-05-3974	1 <b>X</b> M 2 □ F C	O YRS. MOI		MIN.	Month, Day, Year)	106	BIRTHPLACE (State or Foreign Country) and				
TOR	99. FACILITY NAME (If not institution, give street HOTTEV HOLD RESIDENCE OF DECEDENT		ome "	POCOMO	OF DEATH	city	Worcester					
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND WICOMI	CO		ISBURY				10d. INSIDE CITY LIMITS? 1 MYES 2 - NO				
FUNERAL	10s. STREET AND NUMBER	TV DOAD		10f. ZIP CODE				OF WHAT COUNTRY?				
Se	31661 OLD OCEAN CI	1 Y MUAU 2. WAS DECEDENT EVER IN U.S	. ARMED	21804		BIGIN? /Specify Ves	U.	S .  RACE — American Indian,				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuban, 1 ☐ YES 2 ( NO	Mexican, Pu	orto Rican, etc.)		Bleck, White, etc.  Specify:  WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 6 +)  12  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16c. DO NOT use retired.)  BUILDING CONTRACTOR  CONSTRUCTION											
MP	12											
	17. FATHER'S NAME (First, Middle, Last)  BAINES KIRWAN	Surname)										
BE	19a. INFORMANT'S NAME (Type/Print)											
5	CYNTHIA ELZA	n, Statu, Zip Cod 21853	,									
	20a. METHOD OF DISPOSITION  1  Burlai 2  Cremation 3  Ramova  4  Donation 5  Other (Specify)	ol from State 20b. PLA	ACE AND DATE OF DI	SPOSITION (Name of clace)  CEMETERY			CATION — City					
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND ADDRESS HINMAN FUNE	OF FACILITY	1	ALVL,	no.				
	23. PART I. Enter the diseases, or con	mplications that caused the	95 death Do not a	11673 SOMERSET	AVENU	E, PRINCES	S ANNE,	MD. 21853				
4	shock, or heart failure. Lis	it only one cause on each	ilne.					Internal Setumen				
	disease or condition resulting in death)	lala 1 yr										
7		Trancilio DUE TO (OR AS A CO)	NSEQUENCE DF):	el.		/						
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COR	NSEQUENCE OF):									
CERT	resulting in death) LAST											
AL	PART II. Other aignificant conditions of	contributing to death but n	ot resulting in th	e underlying cause giv	ren in Part	i. 24a. WAS AN /		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC	Oriens site	A Di	raiou	Colle V	eseas	1 _ YES 2	ND	COMPLETION OF CAUSE OF DEATH?				
	Go- Grand in To	acery steer	OP 1	Jense Hor	DI			1 TYES 2 OF ND				
AN	25. WAS CASE REFERRED TO MEDICAL	il. Carini	Haz frue	28. PLACE OF DEA	TH (Check on	ly one)						
Sic		IOSPITAL:  □ Inpatient 2 □ ER/Outpatien		HER: Nursing Nome 5 - Resid								
PHYSICIAN:	27. MANNER OF OEATH  1 St Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		DESCRIBE HOW IN	JURY OCCURE	D				
B	2 Accident Investigation	26. DI ACE OF IN HIPW		M 1 YES 2 1								
TED	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — A building, etc. (Specify)	t nome, rarm, street	, ractory, offica	281.	LOCATION (Street at City or Town, State)	nd Number or R	ural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one)  2 IMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER	62 0.			SE NUMBER	una uno piace, and						
TO BE	30. NAME AND ADDRESS OF PERSON WHILE	Sellor	of The	D. D2	295	05	► 12	- 9 - 96				
	GREGORIO M. B			Chinaber	4 Dm	in SAL	(SBUR	Y, MD 21801				
	DEC1 3 1996	32. REGISTRAR'S SIGNATUR	RE		1	1						

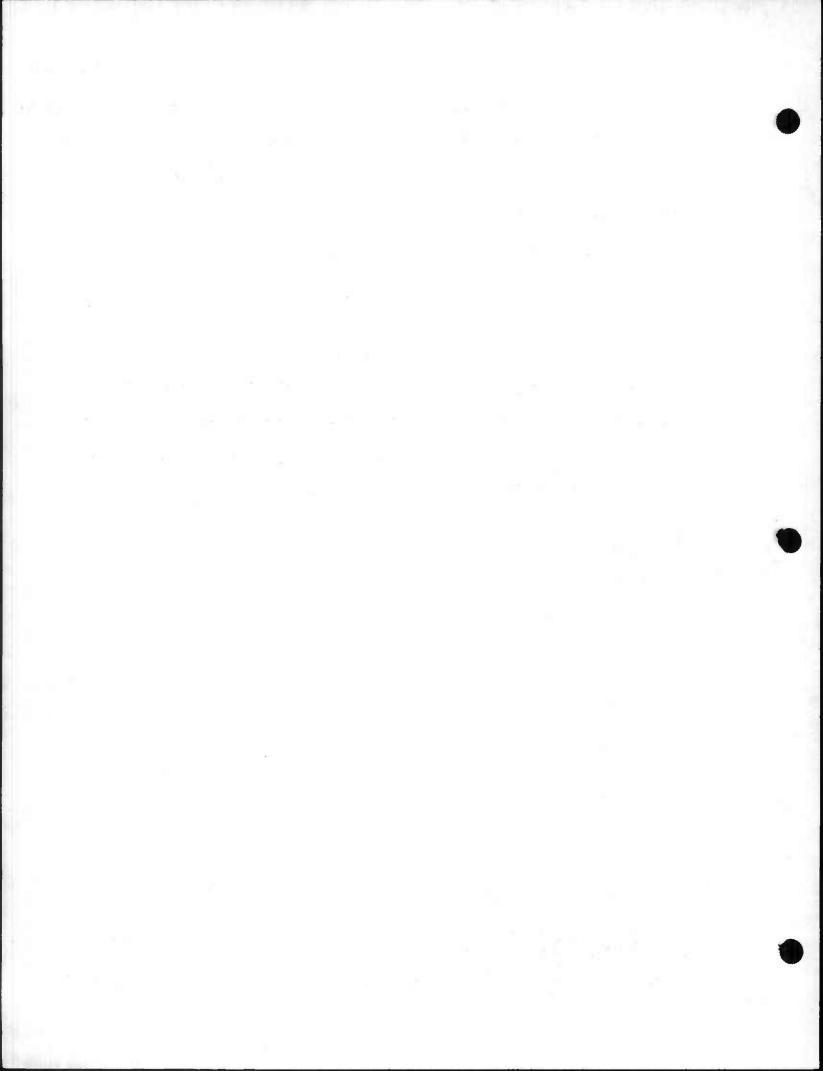
ea . 

State of Maryland / Department of Health and Mental Hygiene

39490 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Deeth Month Dec Dey 3. Time of Deeth Patricia **Physician** Krause 3-12 PM 12 51 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Southern Maryland Hospital Clinton Prince George's If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 6. Sex 7. Aga (In yrs. lest birthday) **Funerai** 6. Data of Birth (Month, Dey, Year) Birthplaca (Steta or Foreign Country) Months 1 M 2 XF 65 Yrs. 578-54-0488 Director June 12, 1931 Washington DC Usual Residence of Decedant the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or thems 23s or 28s-f show traumstic event, the Mod cal Examinar must be notified at Maryland Prince George's Clinton Director 1 Yas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7015 Evergreen Drive 20601-3333 USA Peges 1 and 2 should be filed within 72 hours efter death when of Health and Mental Hygiene.
This marked other than "natural", or frame 23 mint: if from 27 is marked other than "natural", or frame 23 mry or other traumatic event, the Medical Experiment must my or other traumatic event, the Medical Experiment must Funeral 12. Wes Dacadant Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Raca - Amarican Indien. Bleck, White, etc. 1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Datas: 1 Nevar Marriad 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White by 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Richard George Harmel Nellie Agnes Westcamp 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Straet and Number or Rurel Route Number, City or Town, Stete, Zip Code) Milton S. Krause - Husband 7015 Evergreen Drive, Waldorf, MD 20601-3333 Baltimore, 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1⊠ Burlel 2 ☐ Cramation 3 ☐ Removal from State Department Important: If eny injury or once. 4 Donetion 5 Other (Specify) Maryland Veterans' Cem. 12-16 Cheltenham, MD 21. Signature q Funeral Service Licensee 22. Nama and Addrass of Facility Lup Huntt Funeral Home, Inc. 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory shock, or heart feilure. List only one cause on each line. MD 20604-0156 Approximate Interval Batween Onset and Deeth **Physician** Immediete Ceuse (Finel disease or condition resulting in deeth) /Medicai Examiner Due to (or as a conse Examiner The lew requires that the death certificate be executed buriel-trensit and Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury to (or es e consequence of): physician as the buriel Box 68760. Physician/Medicai that initiated events resulting in death) Last Due to (or as a consequence of): for use as signed by the e Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24e. Wes en autopsy 24b. Were autopsy findings available prior to been s performed? completion of causa of death? pege 2 s hes certificate 1 Yes 2 No 1 Yas 2 No or Attending Physician: after death. Director: After this certifica 25. Wes cesa referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 20 No 1 Yes funeral 28e. Dete of Injury (Month, Day Year) 27. Menuler of Deeth Certification: 28d. Describe how injury occurred Injury at Work? 1 Naturai 5 Pending investigation 1 Yes 2 No 2 Accident the 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) filled in by 4 - Homicide 24 hours a Hospital 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and menner stated. Medical pietely (Check only one) To the within 2 29b. Signature and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 13/96 16129 eyu 30. Name and address of person who dompleted cause of death (item 23e) (Type, Print) Clinton, uno 70735 . Octaen l'iscataway Rd #600 9131 31. Dete filed (Month, Dey, Year) 32. Registrer's Signetura State Jahi Daveles Redall DEC1 7

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Krause December 14, 1996 10:46am /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Calvert Memorial Hospital Prince Frederick Calvert Months Deys Hours Min. November 6 1925 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 DM 2□ F Country 264-62-8043 Director Usuai Rasidance of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, it a Medical Examiner must be notifed at ODE. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Calvert Lusby 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 315 Cedar Drive 20657 United States Funeral 14. Rece - American Indian, Biack, Whita, etc. 11. Maritai Status 12. Was Decedant Ever in U,S. Armed Forces? Wes Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puarto Rican, atc.) t Never Merried 2 Married 1 Yas 2 No If Yas, Giva Yaar or Dates: Unk Specifichite Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumame) Be 2 unknown unknown 19e. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Tom Axley PR and Attorny P.O. Box 999 Prince Frederick Maryland 20678 20b. Place of Disposition (Nemporary) 18 1996 Data 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 25 Cremetion 3 ☐ Ramoval from Stata Alexandria Virginia 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funaral Sarvica Licenses 22. Nema and Addrass of Facility Rausch Funeral Hone PA 4405 Broomes Is. Rd. Port Republid Maryland 20676 23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardlac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata interval Betw Onset and Death **Physician** Immediata Ceusa (Final diseese or condition rasulting in death) /Medical Respirehous minu to Examiner Dua to (or as a consequence of): Examiner congestive Heert Follow 3 months The law requires that the death certificate be executed physician and s the burial-transit Sequantially list conditions, if any, laading to immadiate cause. Entar Underlying Cause (Disaasa or injury that initiated evants reaulting in deeth) Last Dua to (or as a consequence of) P.O. Box 68760, co-diany one Pu Eschemic 3 months Physician/Medical Due to (or as a consequence of): ate has been signed by the attending page 2 should be deteched for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Records, þ 24b. Wara autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy performed? this certificate 1 Yea 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director. Be 25. Was case refarred to medical 26. Placa of Death (Check only ona) Hospitei: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yas 2 No Certification: To the funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Affer 5 Pending invastigation 1 Neturel after death. 1 Yes 2 No 2 Accident 6 Could not ba 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of injury - At homa, ferm, streat, factory, office building, atc. (Specify) lilled in by 4 Homicida within 24 hours a To the Funeral D completely filled Hospital 29a. Certifier 1 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data end plece, and dua to tha causa(s) and manner as steted. Medical 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred et the time, data and place, and due to the cause(s) and mannar stated. To the 29b. Signetura and title of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 199866 15, 1996 December 30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print)

Prince Frederick MD. 20678

Registrar

State

Dr. Michael Dipre

32. Registrer's Signatura

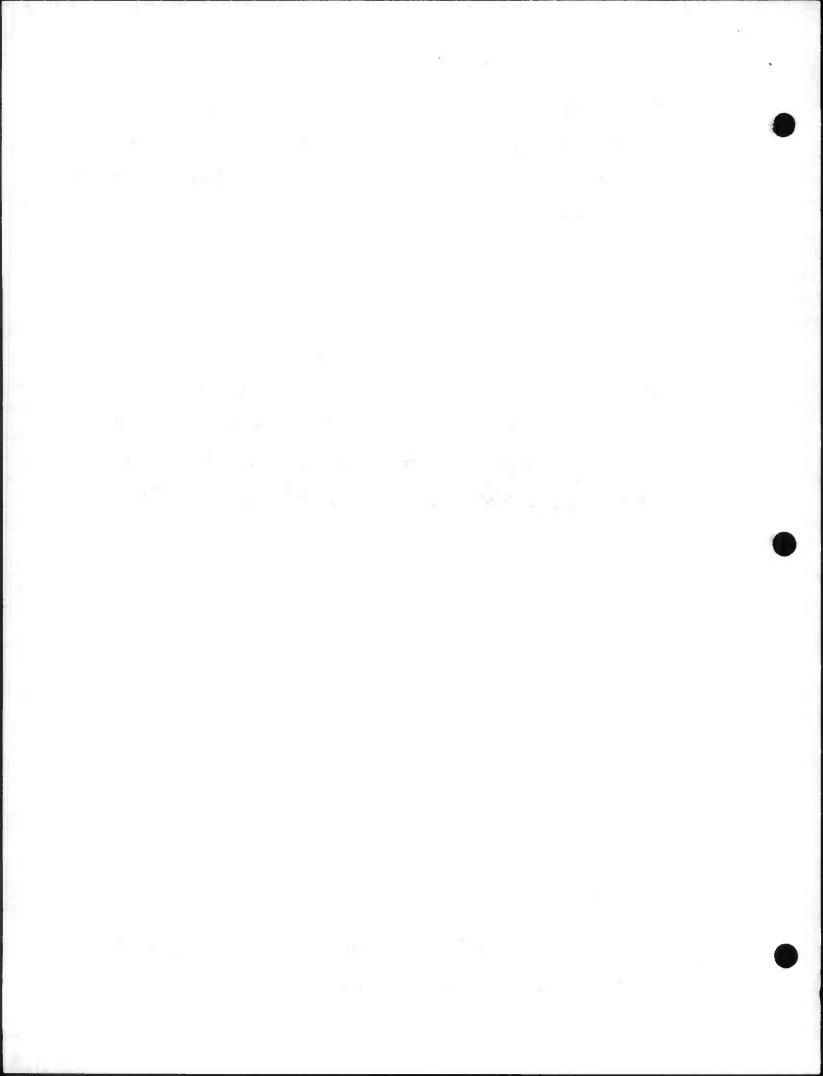
Julia Davidson Rardall

31. Deta filed (Month, Day, Yaar)

# AMENDED #2, 12/16/96, B.P., WORCESTER CO. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O C

•						Certifica	ate of Death		Reg. No.	39496	4						
	Physic	ion	1. Decedant's Nama (First, Middla, L	,				2. Dete of De		Yaar 3. Time of De							
	/Medi		MARIAN S. KELLA					(12+0-)	06	96 4:15	AM						
	Exami		4e. Fecility Name (If not institution, g	ve street end number)			4b. City, Tow	m, or Location of Deet									
			Atlantic Gener				Berli		Worce								
	Funeral Director		5. Social Security Number 6. 227–24–1158  Usuel Residance of Decedent	Sex 7. Ag 1□M 20XF	e (In yrs. last b	Yrs. H Und	dar 1 Yaar If Undar 2 s Deys Hours	8. Date of Bir (Month, Date 11/4/2	th ly, Year) 24	9. Birthplace (Steta or F Country) Virginia	oreign						
	land and		10a. Stete 10b. County		10c. City, Tox	wn or Location				10d. Inside City	Limits						
	Be-f sh	Director	VA Accoma	ck	Tempe	rancevi	lle			1X Yes 2							
	ath with the 123s or 2	rai Dire	10e. Street and Number 29233 Saxis Roa			2	3442		10g. Citizen of V USA								
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Nerns 23a or 28e-f show thit, the Madical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Married 2 □ Married 3 ঐWidowed 4 □ Divorced	12. Was Decedent Armed Forcas? 1 Yas 2 1 If Yes, Give Yaar or Detes:			pedent of Hispanic Origo pecify Cuban, Mexican, 2凶 No Specify:	In? (Specify Yas or No Puerto Rican, etc.)	? (Specify Yas or No- uerto Rican, etc.)  14. Race - Am Bieck, Whi								
5-0	72 ho	pete	15. Decedent's E (Specify only highest go	ducation	16	a. Decedent's Us	suel Occupation	of working	16b. Kind of Business/Industry								
Maryland 21215-0020	2 should be filled within n and Mental Hygiene. Is marked other than "raumatic avent, the Mac	Completed by	Elementery/Secondary (0-12)	Coilege (1-4or 5			vork done during most use retired) 3. Worker	or working	Educa	cation							
Þ	offile offi-	BeC	17. Fether's Nema (First, Middla, Las	t)		arc corre		's Neme (First, Middle									
/lar	d 2 should be filed the and Mental Hyg 7 is marked othe traumatic avent,	To B	James Satchell	L			Hatt	ie Bailey									
an	2 sho and I is me	ľ	19e. Informent's Neme/Raletionship	(Type, Print)	19	b. Meiling Addre	ess (Street end Number	or Rural Route Numb	er, City or Town,	, Stete, Zip Code)							
	5 = 2 -		Jewell Kellam	23442													
ore	2000		20a. Method of Disposition	Method of Disposition  20b. Plece of Disposition (Nema of cemetery, cremetory or other plece)  20c. Location - City or Town, State													
E	milt. Peges partment of I portant: If ite y injury or of		4 Donetion 5 Other Spec	Jerusalem Bap. Cemetery 12/14/96 Temperanceville, VA													
Baltimore,	permit. Peg Department Important: I any injury o		21. Signettire of Funeral Service Lice	Donestin 5 Other/Specific Jerusalem Bap. Cemetery 12/14/96 Temperanceville, VA  22. Name end Address of Facility C. C. Humbles Funeral Service P. O. Box 176. Accomac. VA 23301													
			23a. Part1. Enter the disease, or con	notications that caused	the death. Do	P. (	J. Box 1/6,	ACCOMAC,	VA 233	O1 Approximeta							
V.	Physician		snock, or neer tellurge that only one cause on each line.														
М	/Medical		Immediete Cause (Finei	ha	int	CZN	12 -			7							
	Examiner		diseese or condition resulting in deeth)	0		consequence of				I year	ro						
	D #	ner			Due to (0) es e	consequence o	17.										
	data be executed physician and if the burial-transit	Examine	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b. ————	Due to (or es a	consequence o	f):			i							
68760,	reflicate be ex ng physician as the burtal	edical E	Cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last	c.  Dua to (or es a consequence of):													
Box 6	ding dag	-		d													
m	幸 量支	lcla	Part II. Other significant conditions	pontributing to death by	ut not requiting	la tha cadachdae	serves ships to Deat I	nah Did			de este O						
P.0	by the	Physician/	ratti. Other arginicant conditions	contributing to death bi	or nor resulting	in the underlying	cause givan in Pari i.		Yee 2 No	ntribute to the cause of o							
	2 68	þ															
of Vital Records,	been shoul	Completed						24a. Wes	en autopsy ormed?	24b. Were autopsy find available prior to completion of cau- of death?							
ž	0 - 6	E						10	Yas 2 No	1 🗆 Yes 2 🗆 No	0						
ţa		0	25. Wes case refarred to medical				26. Place	of Deeth (Check only									
>		To B	examiner?	Hospitei:	nt 2 ER/O	utpatient 3 1	Othor	sing Home 5 ☐ Resi		ar (Specify)							
o uc			27. Manner of Deeth 1 ☑Neturel 5 ☑ Pending	28a. Dete of Injui (Month, De		Time of Injury	28c. Injury et Work?	28d. Describe	how Injury occur								
Division	fter of freed in by	Certification:	2 Accident Investigetic 3 Sulcida 6 Could not l 4 Homicide determined	OB Diseased Init	ury - At homa, f c. (Specify)	arm, street, fect	1 ☐ Yes 2 ☐ N ory, office			per or Rural Route Numbe	r,						
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifiar 1 Certifying P	miner: On the besis of	examinetion e	e, death occurre nd/or investigetion	d at the time, dete end on, In my opinion, deeth	plece, and due to the n occurred at the time,	cause(s) and ma dete and pieca,	annar as stated. and due to the cause(s)							
	the the xmple	Me															
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	Sta	ite	31. Dete filed (Month, Dey, Year)	Inway	er's Signeture	P 0 10	NICH IV	1									



State of Maryland / Department of Health and Mental Hygiene

			Certificat	e of Death	Reg	. No.			
		me (First, Middle, Last)			2. Date of Death	257		3. Time of	Death
Physician /Medical	CARL	FRANCIS	KERN		DECEMBER	. 07	1996	10:05	AM
/Medical Examiner 4a. Fecilis	4a. Fecility Neme	(If not institution, give street	t end number)	4b. City, Town, or	Location of Death	4c. Coun	ty of Death		
	Berlin	Nursing and	Rehabilitation Center	Berlin	Berlin		Worceste		
	5 Social Security	Number 6 Sev	7 Ago (In um lost highdout) If Linder	1 Year If Inder 24 Hrs	9 Date of Dieth		0 014	1 10	

**Funeral Director** 

with the Marylend 28a-f shov

7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Medical Examiner, must be notified at permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Heelih and Mentel Hygiene. Important: If Hem 27 is marked other than "natural", or Items 23, any Injury or other traumatic event, an "secinal Experiment man any ir

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

The law requires that the death certificeta be axecuted physician and street trans Division of Vital Records, P.O. Box 68760, attending for use es been signed by the should be detached has 9 2 s certificata has director, page 2 To the Hospital or Attending Physician: I within 24 hours aftar death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p

à

Completed

Be

Certification: To

Medical

15

e (State or Foreign . Dete of Birth (Month, Day, Year) 2/10/14 Months Deys Hours 1 €M 2 □ F Yrs. 526-10-2955 82 Kansas Usual Residence of Decedent 10e. State 10c. City, Town or Location 10b. County 10d. Inside City Limits Worcester MD Ocean City 1 Yes 20 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21842 13304 Assawoman Dr. USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 DXYes 2 □ No If Yes, Give Year or Dates: WW 1 Never Married 2 Married 1 Yes 2 No Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry **US** Government Elementary/Secondary (0-12) College (1-4or 5+) Director 11 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Elizabeth Bermine Carl Charles Kern 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13304 Assawoman Dr. Ocean City, MD 21842 Eileen Kern 20b. Place of Disposition (Name of cemetery, crematory or other piece) 20a, Method of Disposition 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 12/12/96 Berlin, MD Sunset Memorial Park 22. Name and Address of Facility Burbage Funeral Home Berlin, MD 21811 To somplications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, List only one cardiec on each line. 108 Williams St. Approximete triterval Between Onset and Death Immediate Cause (Finat myo Candry 10%, disease or condition resulting in death) Examiner moun Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as e consequence of): Physician/Medical Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t,

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings evaileble prior to completion of cause of death?

39493

1 Yes 2 No

1 Yes 2 No

25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 XNatural

2 Accident 3 Suicide

4 Homicide

29a. Certifier

5 Pending Investigation

6 Could not be

28a. Date of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 28b. Time of

28e. Placa of tnjury - At home, farm, street, factory, offica building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work?

3□ DOA

1 Yes 2 No

26. Placa of Death (Check only one)

28d. Dascribe how injury occurred

Maching Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Madtcat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signature and title of certifier 2

29c. License number d02026

29d. Date signed (Month, Day, Year) 12966

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Hospital:

FEDERICO G. ARTHES, MD 1622A OCEAN PINES MD 21811 410-641-4400 BERLIN 31. Date filed (Month, Day, Year)

State Registrar

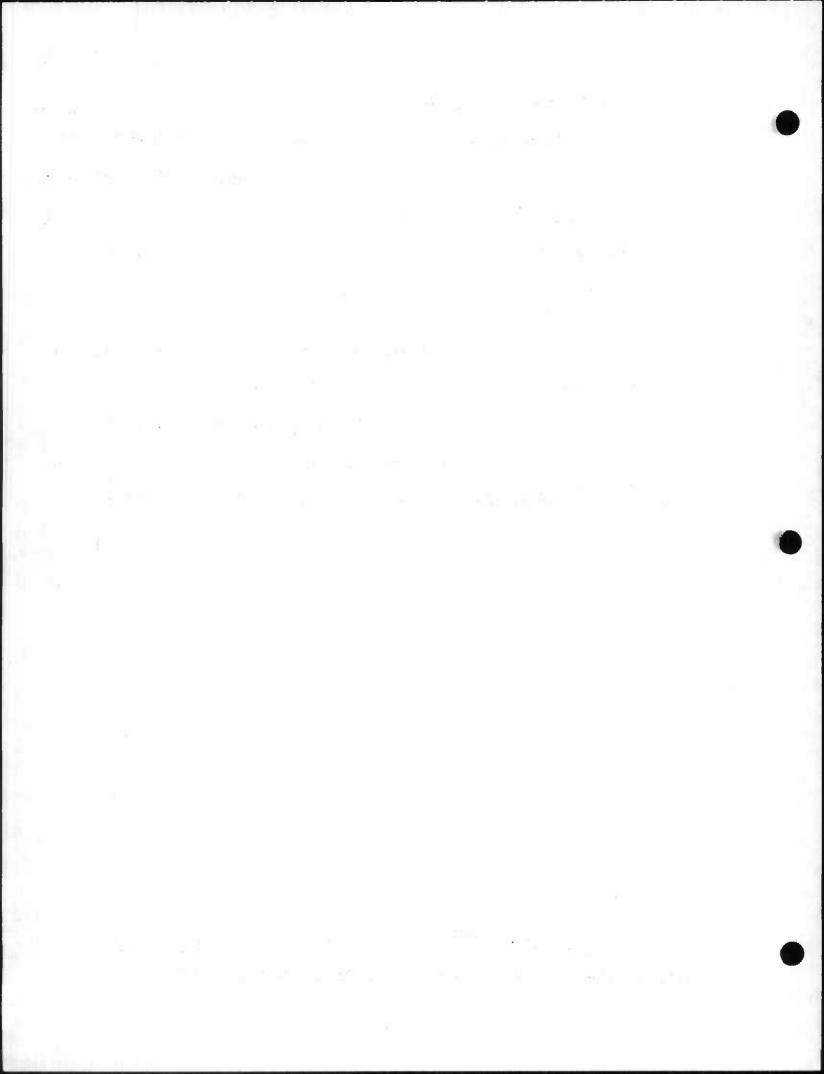


State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Lollis Luther Gordon Dec 9 1996 /Medical 4:00 PM 4a. Feclity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Deeth Southern Maryland Hospital Center Clinton Prince George's 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 8. Dete of Birth (Month, Day, Year) Days Months Hours 1√2 M 2□ F 579-18-9156 76 Yes Director July 17, 1920 North Carolina Usuel Rasidenca of Decedent the Maryland 10e. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show "naturel", or items 23s or 28s-fish Directo 1 Yes 2 No Maryland Prince Geroge's Brandywine 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20613 United States 7803 Knollwood Street death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒No If Yas, Give Year or Detas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorcad Specify: White Completed Peges 1 and 2 should be filed within 72 homen of Heelth end Mental Hygiene.
Int: if item 27 is marked other than "natur 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) Property Mgmt Admin. Federal Government 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Luther Broadus Lollis Ada T. Carr. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7803 Knollwood Street, Brandywine, Md 20613 Cary Lollis 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 N Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) permit. Pege Depertment of Important: If eny injury or Mount Carmel Cemetery Brookneal, Virginia 22. Nama and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Juneral 8 Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Entar tha disaase, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on eech line. Approximate interval Between Onsat end Deeth Physician /Medical Immediete Ceusa (Final Aspiration Pneumonia diseese or condition resulting in daeth) 3 Week s Examiner Due to (or as e consequance of): Physician/Medical Examiner Progressive Supranuclear Palsy The law requires that the death certificate be executed buriel-tran Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Couse (Olseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Records, P.O. Box 68760, the Due to (or es e consequença of) use es detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by I 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown p page 2 should Completed 24b. Wera eutopsy findings available prior to completion of cause of daath? 24e. Wes en eutopsy performed? peed certificate has 1 ☐ Yes XXNo of Vital Physicien: Be 25. Wes case referred to medical 26. Place of Deeth (Check only ona) Hospitel: ₩Mnpatient 2 ER/Outpetient 3 DOA 70 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) al or Attending Physics effer deeth.

N Director: After this ed in by the funeral d After this 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours e Funerel D \*\* \*\*Cortifying Physician: To the best of my knowledge, daeth occurred et the tima, date and place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. Medical 29a, Certifler To the Hosp within 24 ho To the Fune completely fi 29b. Signeture end tither certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) D28281 Dec 9, 1996 od causa of deeth (Item 23a) (Type, Print) 8926 Woodyard Road, Clinton, Maryland 30. Neme and eddrass of person who comp Nelson Benjers , MD 31. Dete filed (Month, Day, Year) State 32. Registrer's Signeture Julia Dhuidson Rendall Registrar

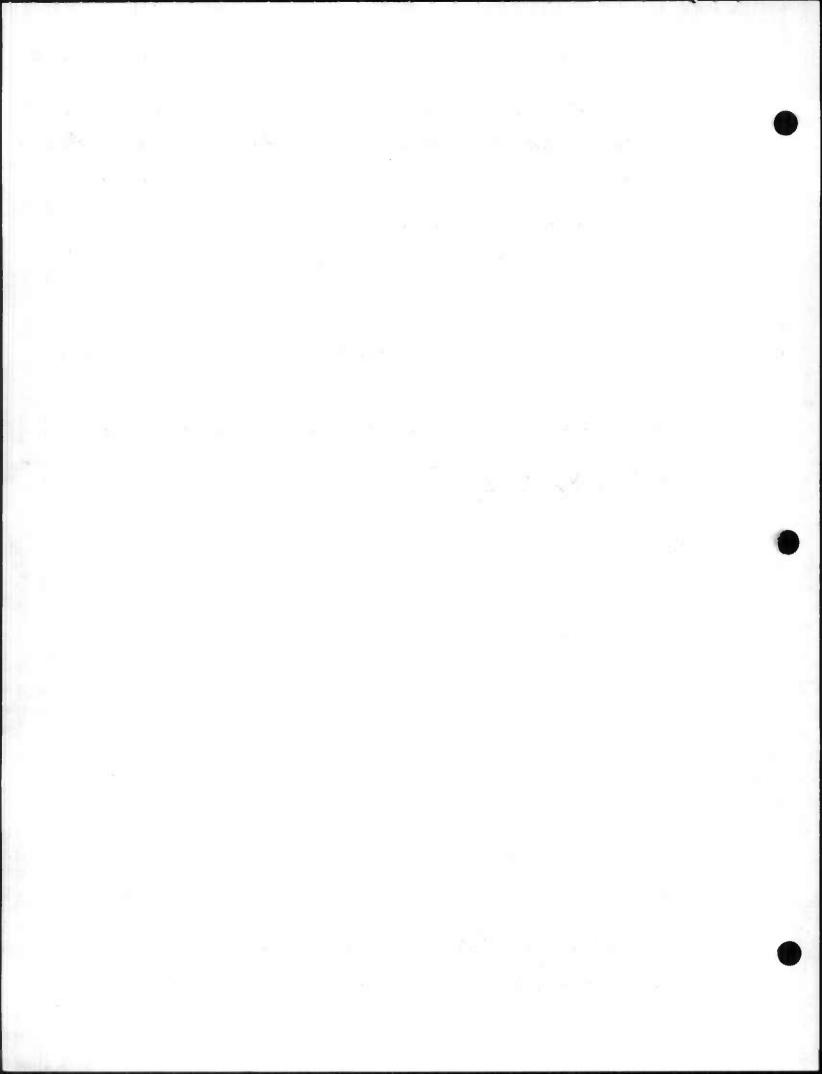


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

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at, or h	þ	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Yeer or Dates:		1□ Yes 21 No	Specify:	rinouri, oto.)	White		
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State of Maryland / Department of Health and Mental Hygiene Q &

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State of Maryland / Department of Health and Mental Hygiene

28f. Location (Street and Number or Rural Route Number, City or Town, (Stete)

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month JOSEPH L MORGAN DEC.10,1996 1250 P /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Aquasco 20615 AOUASCO RD. PRINCE GEORGES If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthpiace (State or Foreign Country) 1 □ M 2 □ F Deys Yrs Director 214-32-3663 62 April 27,1934 PA Usual Residence of Decedent 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits 28a-f ehow treumstic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Maryland St. Mary's Mechanicsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ö 29974 Burton Road 20659 U.S.A. 238 Funeral Herma . 12. Wes Decedent Ever In U.S.
Armed Forces?

1 X Yes 2 No 1957-1

15 Yes, specify Cube If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Black, White, etc. 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò à Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", leted 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry P. G. County Compl nd Mental Hygiene. marked other than Elementary/Secondery (0-12) College (1-4or 5+) School System 12 Educator permit. Peges. 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any linjury or other treumatic event 2008. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Joseph Samuel Morgan Ruth Geneva 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Lynne Morgan (Wife) 29974 Burton Road Mechanicsville, Maryland 20659 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Dec. 14 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial Park 1996 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart tellure. List only one cause on each line. Approximate Interval Between Onset and Deeth hysician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or as a consequence of) The law requires that the deeth certificete be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical the Due to (or as a consequence of) P.O. | ed by the e Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, director, page 2 should 24b. Were autopsy tindings available prior to completion of ceuse of death? Completed 24e. Was an autopsy performed? certificate 2□ No of Vital or Attending Physicien: Be 25. Was case reterred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Nother (Specify) 2 1 Yes 2□ No this MVA filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After Division 5 Pending investigation 1 Natural death. 12-10-96 1 Yes 2 No recides 1105 Accident 3 ☐ Suicide 24 hours efter deat Funeral Director: 6 Could not be determined

28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner es atated.

29c. License number

OCME

iner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner stated.

State Registrar

To the within 2 To the I

Hospital

MD 111 Penn Street, Baltimore, Maryland 21201
32 Registre's Signature
6 July Dhudson Radall locke 31. Dete tiled (Month, Day, Year) 1996 DEC1

in of person who completed cause of death (Item 23e) (Type, Print)

**DHMH 16 Rev 6/95** 

completely

4 - Homicide

29b. Signature and title of certifier

29a, Certilin

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			Item: 17, per F.H. G	-744 2/19/97			tificate of	Death		Reg. No.	0	3341	) )
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pur			Usuei Residence of Decedent  10e. Steta 10b. County		10c. City, T	own or Lo	agtion						
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d within 72 hours effer death with the Maryland giene. or than "natural", or frame 23a or 28a-f show	Examiner	þ	1 Never Married 2 Married 3 □ Widowed 4 □ Divorced	Armed Forces	? No		Yes, specify Cut	Hispanic Origin? ben, Maxican, Pue Specify:	(Specify Yes of N erto Rican, atc.)	Speci	ica - Ameri eck, White, ify:		
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0 0 0 2	E I		19e. Interment's Name/Reletionship					t end Number or i					
of Health item 27 I		-	Margaret L. M 20e. Method of Disposition	CWIIIIam				Ave.,					
Peges nert of P	5		X□XBuriei 2 □ Cremetion 3		ceme	etery, crem	sition (Neme of natory or other ple	Vets.	Dete	20c. Location			
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Departr Departr Imports	SUC		Muhaif 7.	Tsken		F	rampton 0 Box 4	1-Hawki 3, Fed	ns-Esko eralsbu	w Fune	ral 216	Home 32	
		1	23a. Pert1. Enter the disease, or co shock, or heert teilure. List on	mpilcetions thet cause y one ceuse on eech I	d the deeth. I	o not ente	er the mode ot dy	ing, such es cardi	ac or respiretory	errest,		Approximete Intervel Bety	een
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ysici		Medical	Cause (Disease or injury thet initiated events resulting in deeth) Last	C	Due to (or as	a consequ	uence of):						
		n/Med	Todaming in deedily Last	d									
	5 .	Physician/	Pert II. Other algnificant conditions	contributing to death b	out not resulting	g in the un	derlying cause gi	ven in Pert I.	23b. Did	I tobacco use c	ontributa te	the cause o	f deat
that the ed by detec		by Phy							1	Yes 2 PNo	3 Pro	bebly 4□t	Jnkno
requii		Completed							24e. We	s en eutopsy ormed?	av co	ere eutopsy til aileble prior to mpletion ot ca death?	0
The lew ate hes pege 2	3	E							10	Yes 25 No	10	Yes 2□I	No
			25. Wes case reterred to medical					26. Piece of D	eeth (Check only	one)			
Physician: r this certific oral director,		0	exeminer? 1 Yes 2 No	Hospitei:	ent 2 ER/	Outpetient	3□ DOA Ot	hor	Home 5 ☐ Res		her (Specif	(v)	
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s ofter death.  I Director: After to in by the funers		Certification:	3 Suicida 6 Could not determined	28e. Place of In building, at	jury - At home, c. (Specify)	ferm, stre	et, fectory, office			(Street end Num wn, Stete)	ber or Rure	I Route Numb	ber,
To the Hospital within 24 hours a To the Funeral D completely filled			Chlock of Medical Ext	hyalctan: To the best miner: On the basis o	of my knowled	ge, deeth	occurrad et the ti	me, dete end pied	ce, end dua to the	ceuse(s) end m	anner as s	teted.	
the the			U.S.	end menner st	ated.						-		
or with S			29b. Signatura and title of certifier	MILL			29c. Licens	se numbar		29d. Deta sign	od (Month,	Dey, Year)	
			DIVING WC	11000		. —	VII	007		14/4/	6		
			30. Name and address of person who					Easto	n Mn	21601			
	State		David Smith, 31. Dete filed (Month, Dey, Year)					Lastu	11, 110	1001			
	istra	-	DFC - 6 '96	, Sad	ars Signeture awidson-/	fandals	2						



State of Maryland / Department of Health and Mental Hygiene 96 39500

						Cen	tificate	e of	Death		F	Reg. No.			
			1. Decedent's Nema (First, Middle, Las	st)							2. Dete of Dea	iih		3. Tim	e of Death
	Physic /Medi		ELSIE MAE	E MUSSER							Month December	er 15	1996	3:	50 pm
1	/iviedi Examii		4e. Facility Neme (If not institution, give						4b. City, To	wn, or L	ocailon of Death		y of Deeth	3.	00 p.i.
			12965 Mohawk	Drive					Lus	by		Ca	lvert		
	Funeral Director		5. Sociei Security Number 8. S	ex 7. Age □M 2X F	(in yrs. last bii	rthday) Yrs.	If Under Months	1 Year Days	If Undar		8. Daia of Birth (Month, Dey May 1,	, Year) 1904	9. Birthp Coun Penns	try)	ta or Foreign
			Usual Residence of Decedent								ricty 1	1304	гени	SYLV	aiiia
	nylan		10a. Stete 10b. County		10c. City, Tow	n or Loc	ation						1	0d. insld	e City Limits
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	or 2	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen of		itry?	
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	or de	Funeral	11. Marlial Sieius	12. Wes Decedeni Ev Armed Forces?	ver In U,S.	13. W	/as Deced Yas, spec	ent of I	Hispenic Orl en, Mexicar	lgin? (Sp n, Puarto	ecify Yas or No- Rican, etc.)	14. Ra Bid	ce - Amaric		١,
21215-0020	be filed within 72 hours after death with the Maryland nial Hygiene.  Id other than "naturel", or flems 23s or 28s-f show event, the Medical Ensurings must be notified.	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☒ No If Yes, Give Yaer or Detes:		1	☐ Yes 2	2 X No	Specify:			Speci			
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121	filed within Hygiene. ther than	Igh.	Elementary/Secondary (0-12)	College (1-4or 5+	-)	life. D	O NOT us	e retire	ed)						
7	Hygie ther ther		17. Father's Neme (First, Middle, Last)		G	JIIC	wrap	per	1	de Nisse	- (First 14)	depart		Stol	re
Maryland	should be f and Mental I marked of umatic eve	To Be	Allison		Foster				Ann		e (First, Middle,	Meiden Sume	- /	arks	
Nar	S DE E		19e. informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State,											Code)	
	s 1 and 2 of Health item 27 is other tra		Eleanor Lawhorne	/ daughter					10 ab	ove					
altimore,	Peges nent of heart: If its		20e. Method of Disposition 1   ☐ Burial 2 ☐ Cremetion 3  ☐	Removel from State		ry, crem	etory or of	ther ple		į	Dete	20c. Location			
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Ba	permit. Pege Department or Importent: If I any Injury or once.		21. Signelure of Funerel Sarvice Licensee  22. Name end Address of Facility  Rausch Funeral Home, P.A., Owings, M.											207	736
			23a. Part1. Enter the disease, or com- shock, or heert feilure. List only	lications thet caused to	he deeth. Do	not enter	r the mode	e of dyi	ing, such as	cardiac	or raspiratory ar	rast,		Approxi	meta Between
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	/Medical Examiner		immediate Cause (Finel disaesa or condition	Co	lon (	Car	cine	m	a					10	rea
	-Autimici	ų.	resulting in death)  Due to (or es a consequenca of):												
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ó	ertificate be executed ling physician and se as the burlet-transit	Examiner													
68760,	ate be hysici	edicai	Cause (Disease or injury thet initiated events Due to (or es e consequence of):												
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B	ires that the death certifit signed by the ettending I d be deteched for use as	Physician													
o	the d	ıysi	Part ii. Other significant conditions co	intributing to death but	noi resulting in	n the und	derlying ca	ause gi	ven in Pert i		23b. Did to	obacco usa co			
<u> </u>	that dete										101	88 2/2 No	3 Prot	oably 4	I 🗌 Unknown
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ā			25. Was case referred to medical						00 01	-4 D4	1 U Y		11	] Yas :	2LI No
>	s cert	o Be	exeminer? .	Hospitel: 1 ☐ inpatient	t 2 ER/Ou	inationt	3□ DO	A Ott	hor		me 5 Resid		has (Cassif	d	
Division of Vital	Attending Physician: or death. ector: After this certific by the funeral director,	n: T	27. Menner of Death	28e. Dete of Injury (Month, Dey	28b. 1	Fime of njury		Bc. inju Wo			28d. Describe h			'	
Ö	ath. or: Af	atic	1 Netural 5 Pending investigation		, 54.7	i ijui y	M		Yes 2□	No					
Ž	or Attending after death.  Director: After In by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piaca of injury building, etc.	y - Ai home, fe (Specify)	rm, strea	ai, fectory	, office			28f. Location (S City or Tow		ber or Rura	I Route N	lumber,
0	rai D	_													
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely lilled in by the f	29e. Certifier (Check only one)  29e. Certifier (Check only one)  1 **Certifying Physician: To the bast of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end manner of the time, dete end place, and and menner steted.									anner as st and due to	ated. tha caus	se(s)		
	ompl							. Licens	sa number		2	9d. Date signe	ed (Month, I	Dey, Yea	r)
-	->-0		Charles u. Bonnett M.D.												,
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	de		Charles W. Be					x S	50	L	usha	. Md	206	57	
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